



# Baltimore Police Department

COMMUNITY POLICING

The move to excellence in the 1990's



KURT L. SCHMOKE  
Mayor

THOMAS C. FRAZIER  
Police Commissioner

## Criminal Investigation Bureau

### Violent Crimes Division

Homicide Unit

Shooting Investigation Unit

### FAX Cover Sheet

Destination  
FAX Number:

CUSTOMER SERVICE  
(570) 387-6661

Message To:

BETTY NOVIELLO

Message From:

DETECTIVE'S RITZ & MACEILLIVARY

Number of Pages  
Including This:

(2)

Violent Crimes Division FAX Number (410) 396-2257

Date:

4/13/99

Comments:

THANK YOU

IN RE:

A

SPECIAL

INVESTIGATION

\* \* \* \* \*

IN THE

CIRCUIT COURT

FOR

BALTIMORE CITY

SUBPOENA DUCES TECUM

DIRECTED TO: PENN SEL  
10902 REISTERSTOWN ROAD  
OWINGS MILLS, MD 21217

ATTENTION: ROSLYN QUARLES

Upon being advised by Detective William Ritz, a duly constituted member of the Baltimore City Police Department, that an investigation is currently being conducted into certain criminal violations in the City of Baltimore; and Upon being advised by said Detective that a review of certain records of Penn Sel Maryland, Inc. Is essential to the completion of said investigation.

You are therefore directed the 13th day of April, 1999, to furnish the subscriber information for the following telephone number from January 1 - thru present:

pager # (410) [REDACTED]

Returnable immediately upon service to Vickie L. Wash, Assistant States Attorney, Homicide Division, 111 North Calvert Street, Room 308 Courthouse East, Baltimore Maryland 21202, or Detective William Ritz, Baltimore City Police Department, Baltimore, Maryland 21202.

*Vickie L. Wash*  
VICKIE L. WASH  
ASSISTANT STATE'S ATTORNEY  
HOMICIDE DIVISION H99-030

*John G. Bandy 4/13/99*  
FOR PERSON  
CIRCUIT COURT FOR BALTIMORE CITY  
1983

TRUE COPY  
TEST

*Patricia M. Bertorelli*  
4/13/99 H.C.  
PATRICIA M. BERTORELLI  
Chief Deputy Clerk

CERTIFICATION OF SERVICE

I HEREBY CERTIFY that a copy of the Subpoena Duces Tecum was personally served upon \_\_\_\_\_ in Baltimore, Maryland, State of Maryland, on this \_\_\_\_ day of \_\_\_\_\_, 1999; further

I HEREBY CERTIFY that I am over eighteen ( 18 ) years of age.

TRANSMISSION VERIFICATION REPORT

TIME : 04/13/1999 15:55  
NAME :  
FAX :  
TEL :

DATE, TIME	04/13 15:54
FAX NO./NAME	915703876661
DURATION	00:00:59
PAGE(S)	02
RESULT	OK
MODE	STANDARD