

# REQUEST FOR WITNESS SUMMONS

TO THE DISTRICT COURT:  
PLEASE SUMMONS THE FOLLOWING WITNESSES IN THE  
Refer to CC-DC/CR 1S for status of shielding request.

Tr.# 151001271606  
Defendant's Name: Grey Jr, Freddie Carlos

|                  |                       |              |  |
|------------------|-----------------------|--------------|--|
| NAME             | <u>Ofc Goodson, C</u> |              |  |
| ADDRESS          | <u>242 W. 29th St</u> |              |  |
| CITY             | STATE                 | ZIP          |  |
| <u>Baltimore</u> | <u>MD</u>             | <u>21211</u> |  |
| DAY PHONE        | ROOM #                |              |  |
| NIGHT PHONE      | APT. #                |              |  |

|             |        |     |  |
|-------------|--------|-----|--|
| NAME        |        |     |  |
| ADDRESS     |        |     |  |
| CITY        | STATE  | ZIP |  |
|             |        |     |  |
| DAY PHONE   | ROOM # |     |  |
| NIGHT PHONE | APT. # |     |  |

|             |        |     |  |
|-------------|--------|-----|--|
| NAME        |        |     |  |
| ADDRESS     |        |     |  |
| CITY        | STATE  | ZIP |  |
|             |        |     |  |
| DAY PHONE   | ROOM # |     |  |
| NIGHT PHONE | APT. # |     |  |

|             |        |     |  |
|-------------|--------|-----|--|
| NAME        |        |     |  |
| ADDRESS     |        |     |  |
| CITY        | STATE  | ZIP |  |
|             |        |     |  |
| DAY PHONE   | ROOM # |     |  |
| NIGHT PHONE | APT. # |     |  |

Requested by: [Signature]  
PRINTED NAME: Ofc Miller, G DATE: 12 Apr 15

whose interest in the case is as ☐ Prosecutor ☒ Defendant  
☐ Witness ☐ Defense Counsel ☐ Other (Explain)

5122115, 5800 WABASH AVE, RM 5  
COURT DATE AND LOCATION (IF AVAILABLE)

DC/CR 92 (Rev. 9/2006) Print date 1/2010

COURT

# REQUEST FOR WITNESS

TO THE DISTRICT COURT:  
PLEASE SUMMONS THE FOLLOWING WITNESSES IN THE  
Refer to CC-DC/CR 1S for status of shielding request.

Tr.#  
Defendant's Name: Grey Jr, Freddie Carlos

|                  |                       |              |  |
|------------------|-----------------------|--------------|--|
| NAME             | <u>Ofc Nero, E</u>    |              |  |
| ADDRESS          | <u>242 W. 29th St</u> |              |  |
| CITY             | STATE                 | ZIP          |  |
| <u>Baltimore</u> | <u>MD</u>             | <u>21211</u> |  |
| DAY PHONE        | ROOM #                |              |  |
| NIGHT PHONE      | APT. #                |              |  |

|                  |                       |              |  |
|------------------|-----------------------|--------------|--|
| NAME             | <u>Ofc Porter, W</u>  |              |  |
| ADDRESS          | <u>242 W. 29th St</u> |              |  |
| CITY             | STATE                 | ZIP          |  |
| <u>Baltimore</u> | <u>MD</u>             | <u>21211</u> |  |
| DAY PHONE        | ROOM #                |              |  |
| NIGHT PHONE      | APT. #                |              |  |

|                  |                       |              |  |
|------------------|-----------------------|--------------|--|
| NAME             | <u>Ofc Novak, Z</u>   |              |  |
| ADDRESS          | <u>242 W. 29th St</u> |              |  |
| CITY             | STATE                 | ZIP          |  |
| <u>Baltimore</u> | <u>MD</u>             | <u>21211</u> |  |
| DAY PHONE        | ROOM #                |              |  |
| NIGHT PHONE      | APT. #                |              |  |

|                  |                       |              |  |
|------------------|-----------------------|--------------|--|
| NAME             | <u>Lt Rice, B</u>     |              |  |
| ADDRESS          | <u>242 W. 29th St</u> |              |  |
| CITY             | STATE                 | ZIP          |  |
| <u>Baltimore</u> | <u>MD</u>             | <u>21211</u> |  |
| DAY PHONE        | ROOM #                |              |  |
| NIGHT PHONE      | APT. #                |              |  |

Requested by: [Signature]  
PRINTED NAME: Ofc Miller, G DATE: 12 Apr 15

whose interest in the case is as ☐ Prosecutor ☒ Defendant  
☐ Witness ☐ Defense Counsel ☐ Other (Explain)

5122115, 5800 WABASH AVE  
COURT DATE AND LOCATION (IF AVAILABLE)

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Note how Miller crosses out "arresting" under his signature.