

0420803 18CT255 2224

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias 1 Juvenile

OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number (N.T.A.'s only) 06-18023155	
Charge Type: Check as many as apply.	<input type="checkbox"/> 1. Felony	<input type="checkbox"/> 3. Misdemeanor	<input type="checkbox"/> 5. Ordinance	Weapon Seized / Type		Multiple Clearance Indicator
	<input type="checkbox"/> 2. Traffic Felony	<input checked="" type="checkbox"/> 4. Traffic Misdemeanor	<input type="checkbox"/> 6. Other	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		
Location of Arrest (Including Name of Business) Northlake Blvd at US1 North Palm Beach FL 33408			Location of Offense (Business Name, Address) Northlake Blvd at US1 North Palm Beach FL 33408			
Date of Arrest 01/06/2018	Time of Arrest 01:31	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle

Name (Last, First, Middle) Noblitt Langer Lisa A		Alias (Name, DOB, Soc. Sec. #, Etc.)				
Race W - White I - American Indian B - Black O - Oriental/Asian	Sex W F	Date of Birth 1/21/1971	Height 5'6	Weight 160	Eye Color Bro	Hair Color Blo
Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)			Marital Status Sing	Religion Aethiest	Indication of: Alcohol Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk. Drug Influence <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unk.	
Local Address (Street, Apt. Number) 1411 NE 42nd St		(City) Pompano Beach FL 33064	(State)	(Zip)	Phone	Residence Type: 1. City 2. County 3. Florida 4. Out of State 2
Permanent Address (Street, Apt. Number)		(City)	(State)	(Zip)	Phone	Address Source
Business Address (Name, Street)		(City)	(State)	(Zip)	Phone	Occupation
D/L Number, State N143521715210		Soc. Sec. Number		INS Number	Place of Birth (City, State) West Palm Beach FL	Citizenship US

Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile
Co-Defendant Name (Last, First, Middle)	Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large	<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile

<input type="checkbox"/> Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other:	Address (Street, Apt. Number)	(City)	(State)	(Zip)	Residence Phone
Notified by: (Name)	Date	Time	Juvenile Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated	Date	Time

The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended	Grade
Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No	Description of Property	Value of Property	

Drug Activity N. N/A P. Possess	S Sell B. Buy T. Traffic	R. Smuggle D. Deliver E. Use	K. Dispense/ Distribute	M. Manufacture/ Produce/ Cultivate	Z. Other	Drug Type N. N/A A. Amphetamine	B. Barbiturate C. Cocaine E. Heroin	H. Hallucinogen M. Marijuana O. Opium/deriv.	P. Paraphernalia/ Equipment S. Synthetics	U. Unknown Z. Other
Charge Description DUI	Counts 1	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number 316.193(1)	Violation of ORD #		Warrant / Capias Number	Bond			
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #		Warrant / Capias Number	Bond			
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #		Warrant / Capias Number	Bond			
Charge Description	Counts	Domestic Violence <input type="checkbox"/> Y <input type="checkbox"/> N	Statute Violation Number	Violation of ORD #		Warrant / Capias Number	Bond			

Location (Court Room Number, Address) PALM BEACH COUNTY COURTHOUSE CRIMINAL JUSTICE COMPLEX, 3228 GUN CLUB RD, WEST PALM BEACH, FL 33406 - PH: (561) 355-2996
Court Date and Time Month Feb Day 1 Year 2018 Time 08:30 AM <input checked="" type="checkbox"/> PM

I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED

Combelle **01/06/2018**
Signature of Defendant (or Juvenile and Parent /Custodian) Date Signed

HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Resisted Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:	Signature of Arresting Officer <i>JM</i>	Name Verification (Printed by Arrestee) JAN 6 AM 3:56
Name of Arresting Officer (Print) Inv. J. Schneider	I.D. # 8501	(PRINT)
Transporting Officer Inv. J. Schneider	ID # 8501	Agency PBSO
Witness here if subject signed with an "X"	PAGE 1 OF 1	

PROBABLE CAUSE AFFIDAVIT				1	Juvenile
OBTS Number		1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias			
Agency ORI Number FLO 5 0 0 0 0 0	Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE		Agency Report Number 06 - 18023155		
Charge Type: <input type="checkbox"/> 1. Felony <input checked="" type="checkbox"/> 3. Misdemeanor <input type="checkbox"/> 5. Ordinance Check as many <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 6. Other as apply.				Special Notes:	
Defendant's Name (Last, First, Middle) Langer Lisa Anne			Race W	Sex F	Date of Birth 01/21/1971
Charge Description		Charge Description			
Charge Description		Charge Description			
Victim's Name (Last, First, Middle) State of Florida			Race	Sex	Date of Birth
Victim's Local Address (Street, Apt. Number) (City) (State) (Zip)		Phone		Address Source	
Victim's Business Address (Name, Street) (City) (State) (Zip)		Phone		Occupation	
The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law. The Person taken into custody...					
<input checked="" type="checkbox"/> committed the below acts in my presence.		<input type="checkbox"/> was observed by _____ who told _____ that he/she saw the arrested person commit the below acts.			
<input type="checkbox"/> confessed to _____ admitting to the below facts.		<input checked="" type="checkbox"/> was found to have committed the below acts, resulting from my (described) investigation.			
On the 06 day of JAN, 20018 at 12:39 <input checked="" type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M. (Specifically include facts constituting cause for arrest).					

NARRATIVE:

I was working for the Palm Beach County Sheriff's Office Road Patrol Division driving a marked Sheriff's Office vehicle and wearing a full Sheriff's Uniform and full duty belt. As I patrolled south in the area US#1 and Nortlake Blvd I observed a vehicle northbound with only one headlight on. As the vehicle drove pass me it was traveling at a very high rate of speed.

I turned my patrol car around and reached a speed of over 80 MPH and I could not catch up to the vehicle. I maintained a visual of the red four door compact car and I observed that it turned west onto Lighthouse Drive from US#1. I turned at the same intersection and I observed the vehicle attempting to turn around to get back onto US#1.

I activated my emergency lights and pulled behind the vehicle. I made contact with the female and asked her if she was okay and she stated, "I just want to get home". I asked her for her driver's license and she and registration and she went into her wallet and produced her Florida D/L and Geico insurance card. The female was identified as Lisa Langer. I asked Ms. Langer if she was okay and she stated, " please, I just want to get home".

While I stood by her car window I could smell the ooor of an unknown alcoholic beverage emitting from the inside of the vehicle. While talking to Langer the odor of the unknown alcoholic beverage intensified. I asked Ms. Langer if she had been drinking and she once again stated, " I just want to get home". While speaking to her I observed

SCANNED

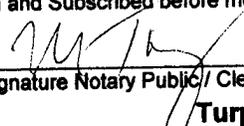
Page 1 of 2

JAN 08 2018

NARRATIVE CONTINUATION

her eyes were glassy and blood shot constant with a person who has consumed an unknown alcoholic beverage.

Based on my observations I requested for a Sheriff's Office D.U.I. investigator respond to the scene to conduct a D.U.I. investigation.

Sworn and Subscribed before me	
	
Signature Notary Public / Clerk of Court / Officer (F.S.S 117.10)	Signature of Arresting / Investigating Officer
Turpin #7667	Alfredo Araujo #2576
Name of Notary Public / Clerk of Court / Officer (F.S.S 117.10)	Name of Officer (Please Print)
1/6/18	1/6/18
Date	Date

NOT A CERTIFIED COPY

PROBABLE CAUSE AFFIDAVIT

1. Arrest 2. N.T.A. 3. Request for Warrant 4. Request for Capias

1

Juvenile

ADMIN	OBTS Number	Agency ORI Number FLO 500000		Agency Name PALM BEACH COUNTY SHERIFF'S OFFICE	Agency Report Number 06-18023155		
	Charge Type: Check as many as apply.	1. Felony <input type="checkbox"/>	2. Traffic Felony <input type="checkbox"/>	3. Misdemeanor <input type="checkbox"/>	4. Traffic Misdemeanor <input type="checkbox"/>	5. Ordinance <input type="checkbox"/>	6. Other <input type="checkbox"/>

DEF	Name (Last, First, Middle) Noblitt Langer, Lisa, A	Alias	Race W	Sex F	Date of Birth 1/21/1971
-----	--	-------	------------------	-----------------	-----------------------------------

CHARGES	Charge Description DUI	316.193(1)	Charge Description
	Charge Description		Charge Description

VICTIM	Victim's Name (Last, First, Middle)	Race	Sex	Date of Birth		
	Local Address (Street, Apt. Number)	(City)	(State)	(zip)	Phone	Address Source
	Business Address (Name, Street)	(City)	(State)	(zip)	Phone	Occupation

The undersigned certifies and swears that he/she has just and reasonable grounds to believe, and does believe that the above named Defendant committed the following violation of law.
 The Person taken into custody
 committed the below acts in my presence. was observed by _____ who told _____
 confessed to _____ that he/she saw the arrested person commit the below acts.
 admitting to the below facts. was found to have committed the below acts, resulting from my (described) investigation.

On the 6 day of January 2018 at 00:39 A.M. P.M. (Specifically include facts constituting cause for arrest.)

While conducting field sobriety tasks I was informed that she was deaf in her left ear. I indicated to her I would speak to her in her right ear loudly and she stated she could hear me. While explaining each sobriety task she acknowledged my instructions however finding she was unable to perform them satisfactorily she claimed to not hear them. She also became difficult while non cooperative during the tasks and I issued her Taylor Warnings. After doing so she stated she wished to continue.

After placing her into custody she became verbally hostile and removed her handcuffs within my patrol vehicle. She continued to pound on the partition glass and scream profanities.

Arriving at the Breath Alcohol Testing Center I attempted to place the handcuffs back upon her wrists however she pulled away. I was able to maintain control of her arms and did place them back onto her wrists.

While conducting the twenty minute observation she was secured to the chair using a shackle. On numerous occasions she attempted to stand up and charge multiple PBSO personnel but was restrained by the shackle. She continued to be verbally hostile and scream disturbing multiple breath tests.

Upon taking her into the breath testing room she was seated in the chair for everyones safety. In doing so she turned her right ear towards the open area. During this time I attempted to obtain her demographic information which she declined to answer. I then read the request for breath from the preprinted card and she refused to acknowledge it. Reading her implied consent she again refused to acknowledge anything stated. I informed her that refusal to acknowledge my statements would result in a refusal. She still declined to answer thus a refusal was answered.

STATE OF FLORIDA
 COUNTY OF PALM BEACH
 Inv. J. Schneider
 (Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 6 day of January 2018 by Inv. J. Schneider DRE#29031
 (Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)
 Samantha Palmer
 Commission # FF172377
 Expires: OCT 28, 2018
 BORN STATE ATTORNEY
 1ST FLORIDA NOTARY, LLC

SCANNED

PAGE OF

D.U.I. PROBABLE CAUSE AFFIDAVIT

ON THE 6 DAY OF January 20 18, AT 00:39 AM PM

SUBJECT: Noblitt Langer Lisa A CASE NUMBER: 18023155

AGENCY: PALM BEACH COUNTY SHERIFF'S OFFICE ARRESTING OFFICER: Inv. J. Schneider

PERSONAL CONTACT

DRIVING PATTERN: ACTUAL PHYSICAL CONTROL (PHYSICAL EVIDENCE OR STATEMENTS PUTTING DEF. BEHIND WHEEL OF VEHICLE)

D/S A. Araujo observed a red Toyota northbound on US 1 with one headlight out. As he attempted to stop the vehicle it sped up to over 80 miles per hour. As he stopped the vehicle at Lighthouse Drive and US1 he made contact with the driver whom he identified through her Florida License. His observations were documented in a supplemental Probable Cause Affidavit.

OBSERVATION OF DRIVER:

Making contact with the driver, Lisa Noblitt Langer, whom was still within the drivers seat of the vehicle I engaged her in conversation. While doing so she informed me that she was deaf in her left ear. I also noted her eyes were red, bloodshot, and glossy. The interior of the vehicle and her breath smelled of a unknown alcoholic beverage and her words were slurred. With these observations I requested she step from the vehicle.

DRIVER'S STATEMENTS:

You dont want to do this.

ODORS:

Distinct and profound odor of a unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: Slurred

ATTITUDE: Initially cooperative, shifting to depressed and finally hostile

CLOTHING: White shirt, plaid shirt, jeans, brown boots

MEDICAL/OTHER: Deaf in left ear. Heart condition.

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. J. Schneider

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to or affirmed and subscribed before me this 6 day of January 20 18 by Inv. J. Schneider

(Print name of Arresting/Investigative Officer), who is personally known to me and/or produced identification. Type of identification produced Known

Notary Public, Clerk of Court, Officer (F.S.S. 117.10)



Samantha Palmer
Commission # FF172377
Expires: OCT 28, 2018
BONDED THRU
1ST FLORIDA NOTARY, LLC

SCANNED
JAN 08 2018

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

- | | |
|---|---|
| <input checked="" type="checkbox"/> LT EYE-LACK OF SMOOTH PURSUIT | <input checked="" type="checkbox"/> RT EYE-LACK OF SMOOTH PURSUIT |
| <input checked="" type="checkbox"/> LT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION | <input checked="" type="checkbox"/> RT EYE-DISTINCT & SUSTAINED NYSTAGMUS AT MAX. DEVIATION |
| <input checked="" type="checkbox"/> LT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES | <input checked="" type="checkbox"/> RT- EYE-ONSET OF NYSTAGMUS PRIOR TO 45 DEGREES |

Other Observations:

VGN Present. Angle of onset was at 30 degrees.

WALK & TURN:

Initially positioning Langer for the walk and turn she walked the line back and forth without instructions. She also was stating due to her deaf ear she had a poor equilibrium. Due to her complaint of being physically prejudiced by the task it was abandoned.

Hand Coordination Task

She indicated she understood the instructions and started the task. Doing so she failed to count to four properly, failed to clap properly, and failed to count from five through eight properly.

FINGER TO NOSE:

She indicated she understood the instructions. Starting the task she touched both her left and right finger to her nose despite stating she understood the instructions. Despite answering

ROMBERG ALPHABET:

This task not performed due to her non cooperative attitude. See attached PC for additional

BREATH TEST RESULTS: 1) Ref 2) Ref 3) 4)

STATE OF FLORIDA
COUNTY OF PALM BEACH

Inv. J. Schneider

(Signature of Arresting/Investigative Officer)

The foregoing instrument was sworn to and subscribed before me this 6 day of January 20 18 by Inv. J. Schneider

(Print name of Arresting/Investigative Officer, who is personally known to me and/or produced identification. Type of identification produced Known

Notary Public, Clerk of Court, Officer (F.S.S 117.10)



Samantha Palmer
Commission # FF172377
Expires: OCT 28, 2018
BONDED THRU
1ST FLORIDA NOTARY, LLC

SCANNED
JAN 08 2018

WITNESS LIST

CASE NUMBER: 18023155

ARRESTING OFFICER: Inv. J. Schneider

ADDRESS: 3228 Gun Club Rd West Palm Beach FL 33406

PHONE NUMBERS (HOME): _____ (WORK) 561 688-4001

CAN TESTIFY TO: DUI nvestigation

NAME: D/S A. Araujo #2576

ADDRESS: 3228 Gun Club Rd West Palm Beach FL 33406

PHONE NUMBERS (HOME) _____ (WORK) 561 -688-3000

CAN TESTIFY TO: Initial stop and driver

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) 0 _____ (WORK) 0 _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

NAME: _____

ADDRESS _____

PHONE NUMBERS (HOME) _____ (WORK) _____

CAN TESTIFY TO: _____

SCANNED
JAN 08 2018

TESTING FACILITY TASK REPORT

AGENCY: PBSO/SCHNEIDER

SUBJECT: NOBLITT LANGER, LISA

CASE NUMBER: 18-023155

DATE: Jan 6, 2018

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 0219

ENDING TIME: 0222

BREATH TESTS RESULTS: 1) R TIME 0221 A.M. P.M. 2) XX TIME XX A.M. P.M.
3) XX TIME XX A.M. P.M. 4) XX TIME XX A.M. P.M.

BREATH OPERATOR: S. PALMER #24520

MAINTENANCE TECHNICIAN: J Karlecke #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: UPSET, IRRITATED, CRYING, VULGAR, INSULTING, OBNOXIOUS, EMOTIONAL, MOODSWINGS, UNCOOPERATIVE

CLOTHING: BLUE PLAID SHIRT, WHITE TSHIRT, SOILED BLUE JEANS, BROWN BOOTS

MEDICAL CONDITIONS: DEAF IN LEFT EAR,

MEDICATIONS: NONE

OTHER:

EYES WATERY AND BLOODSHOT, ODOR OF UNKNOWN ALCOHOLIC BEVERAGE COMING FROM BREATH, UNSTEADY ON HER FEET, STATED MULTIPLE TIMES "WHEN I GET RELEASED I AM GOING TO KILL MYSELF"

COMMENTS:

ARRESTING OFFICER CONDUCTED THE 20 MINUTE OBSERVATION BEGINNING AT 0155
SUBJECT REFUSED TO ANSWER CAMEERA FORMAT QUESTIONS
AND TO ANSWER THE A/O ABOUT SUBMITTING TO BREATH TEST
A/O READ I/C
SUBJECT REFUSED TO ANSWER WHETHER SHE UNDERSTOOD
A/O CALLED A REFUSAL @ 0221
A/O READ RIGHTS
SUBJECT STATED SHE NEVER WAS READ HER RIGHTS
A/O DID NOT CONDUCT Q&A

SCANNED

JAN 08 2018

SUBJECT: Northrup, Lisa CASE NUMBER: 18 023195

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am INV. Schneider of the PBSO

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) Read on Camera

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SCANNED
JAN 08 2018

SUSPECT'S SIGNATURE: (X) Read on Camera

Sunshine State

DRIVER LICENSE CLASS E

N143-521-71-521-0

LISA ANNE

ANDRETT LANGER

222 NW 14TH AVE

PORT LANDERDALE, FL 33311-3904

ISSUED 01/01/2017



Operation of a motor vehicle constitutes consent to any sobriety test required by law.

NOT A CERTIFIED

SCANNED

JAN 08 2018