Loud Vehicle Stereo Citizen's Complaint Form

Racine Police Department
730 Center Street
Racine, WI 53403

Vehicle Owner’s Liability For Radios or other sound amplification devices $346.945, Wis. Stats. As adopted by Racine Municipal Code §94-1

§346.94(16), Wis. Stats., Radios or other sound amplification devices.
(a) ... !(n) o person may operate or park, stop or leave standing a motor vehicle while using a radio or electronic sound amplification device emitting sound from the vehicle that is audible under normal conditions from a distance of 75 or more feet, unless the electronic sound amplification device is being used to request assistance or warn against an unsafe condition.
(b) This subsection does not apply to any of the following:
1. The operator of an authorized emergency vehicle, when responding to an emergency call or when in the pursuit of an actual or suspected violator of the law or when responding to but not upon returning from a fire alarm.
2. The operator of a vehicle of a public utility, as defined in s. 11.40(1)(a).
3. The operator of a vehicle that is being used for advertising purposes.
4. The operator of a vehicle that is being used in a community event or celebration, procession or assemblage.
5. The activation of a theft alarm signal device.
6. The operator of a motorcycle being operated outside of a business or residence district...

The undersigned, being an adult resident of the State of Wisconsin whose primary residence or employment address is listed below, hereby attests that:

1. That on ___________________(date) at ___________________ am/pm (time), I observed the vehicle identified below to be in violation of §346.94(16), Wis. Stats.

2. That the vehicle is described as:
   License # ___________________ State of WI or ___________________
   Color of vehicle ___________________ Make of vehicle, if known ___________________
   Vehicle Type: □Sedan □Station wagon □Truck
   □SUV □Van/minivan □Bus

3. That the violation occurred at the following location: ___________________, and I was at least ______________ feet away from the vehicle.
   (nearest street address or intersection)
   Vehicle Location: □STANDING □PARKED
   □TRAVELING: □East □West □North □South

Dated this ______ day of ____________, 20 ______.

COMPLAINANT INFORMATION
Signature: __________________________
Last Name: ________________________, First Name: __________________________
MI: ______ Date of Birth: ______________
Street address: _____________________ Home Phone Number: ________________________
City, State Zip Code: __________________ Work Phone Number: ______________________

NOTE: This form must be received by the Police Department within 24 hours of the violation.

For Racine Police Department Use Only:
Received by __________________________ Complaint # __________________________
Date and Time Received _____________________ am / pm UTC/UMCC # ______________________

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