

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 electric 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 # _____