GRAND PRAIRIE POLICE DEPARTMENT

"NO INSURANCE" COMPLAINT GUIDELINES

If you were involved in an accident and the other party did not provide proof of financial responsibility (no insurance) or the party gave you incorrect information (false, expired, etc.), you have the right to file a **"No Insurance Complaint Affidavit"** with the Grand Prairie Police Department. Complete the affidavit and have it notarized. (Notaries are available at the Police Department.) Turn in the completed affidavit to our Records Division, located at the Police Department at 1525 Arkansas Lane in Grand Prairie.

The affidavit will be given to a Traffic Unit investigator and the other driver will be contacted. If valid insurance information is obtained from the other driver, you will be given the policy and agent information to pursue a claim. If we determine that the other driver was operating without insurance or other proof of financial responsibility, we will issue a Class C misdemeanor citation to the driver of for that offense. Police Department involvement ends after either course of action is completed.

You may then contact an attorney and pursue civil damages or contact the **Dallas County Justice of the Peace Precinct 4-1** located at 630 W Main Street in Grand Prairie and file in small claims court for the damages or injury you received in the accident. Their number is 214-875-2100. See the Dallas County website for more information: (http://www.dallascounty.org/department/jpcourts/4-1/jp41.php)

You can request the State of Texas suspend the other driver's privileges until damages (at least $1,000) or medical costs (any amount) have been paid. Send a letter to the Department of Public Safety (DPS) and request suspension of the at-fault driver's license. DPS will pursue the request only if it can be proved that the other driver was at fault. Proof is shown by attaching to your letter: either a completed Texas Peace Officer's Crash Report (Form CR-3), or a completed Driver's Crash Report (Form CR-2 commonly called a "blue form").

Mail you suspension request letter to:

Department of Public Safety
Enforcement and Compliance
P.O. Box 4087
Austin, Texas 78773
(512) 424 - 2001

If DPS finds that there is a "clear probability of judgment" (the other driver was clearly at fault), they will send a notice to the driver that a suspension request letter has been filed. The driver then has 21 days to request a hearing. If the hearing finds insufficient evidence exists, the inquiry ends. If there is not a hearing, or DPS finds that the other driver is responsible for your damages and/or costs, the at-fault driver's license will be suspended until you are paid. See the Texas Department of Public Safety website for more information: (http://www.txdps.state.tx.us/DriverLicense/CrashSuspension.htm)

Grand Prairie Police Department Case Number (assigned by Traffic Section) _____

NO INSURANCE COMPLAINT AFFIDAVIT_ **Service Number** (Police) _____

DRIVER (SUSPECT) INFORMATION					
LAST NAME	FIRST NAME	MIDDLE INITIAL	DATE OF BIRTH OR APPROX. AGE		
RACE	SEX	HEIGHT	WEIGHT	DRIVER'S LICENSE NUMBER	STATE
ADDRESS	CITY	STATE	ZIP CODE		
HOME PHONE NUMBER	BUSINESS PHONE NUMBER				
SUSPECT VEHICLE INFORMATION					
MAKE	MODEL	TYPE			
COLOR/COLOR	LICENSE PLATE NUMBER	LICENSE PLATE STATE			
SUSPECT INSURANCE INFORMATION					
INSURANCE COMPANY NAME	POLICY NUMBER				
AGENT'S NAME	PHONE NUMBER				
MY INFORMATION					
LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH	DRIVER'S LICENSE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE		
HOME PHONE NUMBER	BUSINESS PHONE NUMBER				
MY INSURANCE INFORMATION					
INSURANCE COMPANY NAME	POLICY NUMBER				
AGENT'S NAME	PHONE NUMBER				

"My complaint is based on the following facts. I was involved in a traffic accident with the suspect described above on [date] _____ at _____ ☐ a.m. ☐ p.m. in **Grand Prairie, Texas**.

The accident occurred at [address] _____.

The suspect's vehicle was traveling [direction] _____.

The suspect did not have sufficient proof of motor vehicle liability insurance coverage in effect at the time of the accident, as required by Texas' mandatory insurance law. [Explain how you learned this. Use back of page as needed.] **Accident Report #** (if Police completed one). ***Please attach any correspondence/letters you receive from insurance companies, in reference to denial of any claims.***

_____

_____

_____

_____

This information is true and correct to the best of my knowledge."

_____

SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME by the said _____

On this the _____ day of _____, 20 _____.

_____

NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

(SEAL)

GP-GPPD-0069