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, 1525 Arkansas Lane, Grand Prairie, Tx 75052.

The affidavit will be given to a Traffic Investigator and the complaint will be investigated. If valid insurance information is obtained from the other driver, you will be given the policy and contact 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 complete.

You may then contact an attorney and pursue civil damages or contact the **Dallas County Justice of the Peace Precinct 4-1** located at 106 W Church St in Grand Prairie and file in small claims court for the damages or injury you received in the accident. Their number is 214-751-4040. 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 (time)_____ ☐ 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