

ARLINGTON POLICE DEPARTMENT
NO INSURANCE COMPLAINT AFFIDAVIT

Case Number (assigned by Traffic Division) _____
 Accident Report 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		MIDDLE INITIAL	DATE OF BIRTH	
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 Arlington.**

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 laws. [Explain how you learned this. Use back of page as needed.]

Accident Report # (if Police completed one) _____

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 _____, _____.

(seal)

 NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

ARLINGTON 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 Arlington Police Department. Complete the affidavit and have it notarized. (Notaries are available at the main Police station). Turn in the completed affidavit to our Records Division, located at the main Police station at 620 W. Division Street in Arlington.

The affidavit will be given to a Traffic Division 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 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 Justice of the Peace (located in Arlington 700 E. Abram Street, phone 817 548-3925) and file in small claims court for the damage or injury you received in the accident.

You can request that the State of Texas suspend the other driver's privileges until your damages (at least \$1000) or medical costs (any amount) have been paid. Send a letter to the Texas 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: (1) a completed Police Officers' Investigation (ST-3) report; or (2) a completed ST-2 "blue form" with sworn witness statements. DPS will not investigate complaints that do not include (1) or (2).

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 no 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.

Mail your suspension request letter to:

Department of Public Safety
Driver Improvement and Control
P. O. Box 4087
Austin TX 78773
512 424-2001

Remember to include the necessary documents