



## **CLEBURNE POLICE DEPARTMENT**

### "NO INSURANCE" COMPLAINT AFFIDAVIT

If you were involved in a crash 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 Cleburne Police Department. Complete the affidavit and have it notarized. (Notaries are available at the Police Department.) Turn in the completed affidavit to our Records Unit, located at the Police Department, 302 W. Henderson Street, Cleburne, TX 76033.

The completed affidavit will be assigned to the Traffic Unit for investigation. If valid insurance information is obtained from the other driver, you will be given the policy number and contact information to pursue a claim. If we determine that the other driver was operating a vehicle 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 **Johnson County Justice of the Peace Precinct 1** located at 226 Featherston Street in Cleburne and file in small claims court for the damages or injury you received in the crash. Their telephone number is 817-556-6032. If the crash occurred in **Precinct 4** (east Cleburne), their office is located at the Johnson County Courthouse, 2 N. Main Street in Cleburne. Their telephone number is 817-556-6388.

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 a completed Texas Peace Officer's Crash Report (Form CR-3).

Mail your 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 if 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>)

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Case Number (assigned by Traffic Unit) \_\_\_\_\_  
 Report or Event Number (Police) \_\_\_\_\_

<b>DRIVER (SUSPECT) INFORMATION</b>							
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			
<b>SUSPECT VEHICLE INFORMATION</b>							
MAKE			MODEL			TYPE	
COLOR/COLOR				LICENSE PLATE NUMBER		LICENSE PLATE STATE	
<b>SUSPECT INSURANCE INFORMATION</b>							
INSURANCE COMPANY NAME					POLICY NUMBER		
AGENT'S NAME					PHONE NUMBER		
<b>MY INFORMATION</b>							
LAST NAME			FIRST NAME			MIDDLE INITIAL	DATE OF BIRTH
ADDRESS			CITY		STATE	ZIP CODE	
HOME PHONE NUMBER				BUSINESS PHONE NUMBER			
<b>MY INSURANCE INFORMATION</b>							
INSURANCE COMPANY NAME					POLICY NUMBER		
AGENT'S NAME					PHONE NUMBER		

"My complaint is based on the following facts. I was involved in a traffic crash with the suspect described above on [date] \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m. **in Cleburne.**

The crash 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 crash, as required by Texas' mandatory insurance laws. [Explain how you learned this. Use back of page as needed.]

**Crash 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 \_\_\_\_\_, 20\_\_\_\_\_.

(Seal)

\_\_\_\_\_  
 NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS