LANCER
INSURANCE
The Difference is Our Attitude.

Chauffeur's Accident Report Kit

Your Responsibilities

- **STOP IMMEDIATELY; REMAIN CALM**
- **SHUT OFF YOUR ENGINE**
- **ACTIVATE YOUR 4-WAY FLASHERS**
- **MOVE YOUR VEHICLE IF IT CREATES A HAZARD**
- **CALL** (or designate someone to call) **THE POLICE AND YOUR COMPANY**
- **ASSIST THE INJURED TO THE EXTENT OF YOUR TRAINING**
- **DISTRIBUTE ENCLOSED COURTESY CARDS TO WITNESSES**
- **PHOTOGRAPH THE SCENE & VEHICLES** (See reverse)
- **FOLLOW YOUR COMPANY'S POLICY WITH RESPECT TO MAKING STATEMENTS TO THE POLICE; WHEN POSSIBLE, ONLY PROVIDE:**
  - **— Your Name, Address and Driver's License**
  - **— Your Company's Name and Address**
  - **— Your Insurance I.D. Card**

Drug & Alcohol Testing Requirements

FMCSR 382.303 Post-accident Drug and Alcohol Testing

Conduct test(s)

1. **On any claim where there is a human fatality.**
2. **On any claim where your driver received a citation AND;**
   A. **There was an injury requiring treatment from the scene, OR**
   B. **A vehicle was towed from the scene.**
3. **Alcohol testing within 2 hours but up to 8 hours; drug test within 32 hours.***

IMPORTANT

Please contact your Lancer claims representative for further instruction if you receive media inquiries relating to a claim.

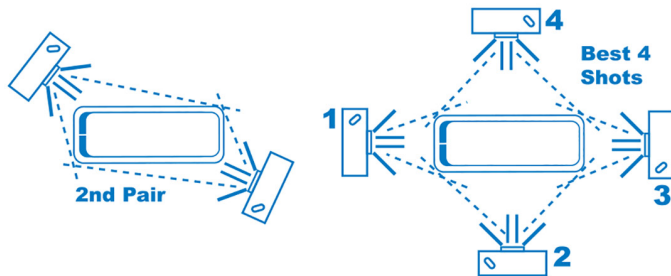** When State or Federal regulations require.*

REPORT ALL ACCIDENTS IMMEDIATELY: 800-521-6155

Please refer to the diagram below for instructions on Accident Scene Photography

Accident Scene Photography

- Take pictures of all damaged vehicles and the scene, each from all 4 sides.

- Take pictures of road conditions, any traffic control device (i.e., stop signs or traffic lights) and tire marks or debris in the road.

- Do not take pictures of injured parties.

Photograph *ALL* vehicles from all 4 sides

Photograph the accident scene from all 4 sides

PASSENGER COURTESY CARD

Ladies and Gentlemen — I need your help. Existing laws require that I make reports of accidents. Please assist me by completing and returning this card to me.

Thank you,
Your Chauffeur

PLEASE PRINT

Date: _____ / _____ / _____

Your Full Name: _____
                      LAST   FIRST

Cell Phone: (_____) _____

Home Phone: (_____) _____

Were You Injured In This Accident? ☐ Yes ☐ No

If "Yes", Please Describe: _____
_____
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Thank You For Your Time and Cooperation.