



INJURY REPORT FORM

Mail or fax completed form to:
Harley-Davidson Insurance
222 W. Adams, Suite 2000
Chicago, IL 60606-5312

FAX: 800-699-2142 • **PHONE:** 888-690-5600 • **EMAIL:** *dealershipinsurance@hdfsi.com*

Chapter Name: _____ Chapter #: _____

Reporting Chapter Officer Name: _____ Home Phone: _____

Mailing Address: _____ Work Phone: _____

_____ Best time to call: _____

E-mail Address: _____

Chapter Insurance Certificate #: _____ Date of Injury: _____

Place of Injury: _____

Name, address, ages of person(s) injured: _____

Names, addresses, telephone numbers of persons who saw incident. Attach extra sheets if necessary.

When, where, how injury occurred. Attach a separate sheet if necessary. _____

Type of injury. Check appropriate boxes.

Fatal	Head	Neck	Back/Spine	Arms	Legs	Internal Injuries	Amputation	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name, address, phone number of person(s) having pictures of accident scene: _____

Name, address, phone number of responding police department and complaint #: _____

ATTACH A PHOTOCOPY OF EACH INJURED PERSON'S SIGNED RELEASE FORM (REQUIRED).
ATTACH THE POLICE REPORT IF AVAILABLE. ONLY POLICE SHOULD TAKE WITNESS REPORTS.