



## Injury Report Form

**MAIL OR FAX COMPLETED FORM**



to  
 Harley-Davidson Insurance  
 222 W. Adams Street, Suite 2000  
 Chicago, IL 60606  
 FAX: 312-368-9548 Phone: 888-690-5600

Chapter Name: \_\_\_\_\_ Chapter Number: \_\_\_\_\_

Reporting Chapter Officer Name: \_\_\_\_\_ Home Ph: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Work Ph: \_\_\_\_\_

\_\_\_\_\_ Best time to call: \_\_\_\_\_

Email Address: \_\_\_\_\_

Chapter Insurance Certificate #: \_\_\_\_\_ Date of Injury: \_\_\_\_\_

Place of Injury: \_\_\_\_\_

Name, addresses, 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

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.**