



# 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](mailto: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.**