



# Injury Report Form

MAIL OR FAX COMPLETED FORM

to

Harley-Davidson Insurance  
150 South Wacker Drive, Suite 3100  
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
<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.**