



# Injury Report Form

MAIL OR FAX COMPLETED FORM IMMEDIATELY



Harley-Davidson Insurance  
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Chicago, IL 60606

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

State Rally: \_\_\_\_\_

Reporting Committee Member Name: \_\_\_\_\_ Home Ph: \_\_\_\_\_

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

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

E-mail Address: \_\_\_\_\_ 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 #: \_\_\_\_\_

\_\_\_\_\_