



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: TALLAHASSEE FL Chapter Number: 0737

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.