

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

Chapter Name:Reporting Chapter Officer Name:									
Mailing Address:						Work Phone:			
						Best time to c	all:		
E-mail Addres	3:								
Chapter Insurance Certificate #:						Date of Injury:			
Place of Injury									
Name, addres	s, ages of pers	on(s) injured:							
Names, addre	sses, telephon	e numbers of	persons who sav	w incident. At	tach extra she	eets if necessa	у.		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	In a tat			. !£					
vvnen, wnere,	now injury occ	urred. Attach	a separate sheet	if necessary.					
Type of injury.	Check appropr	riate boxes.							
Fatal	Head	Neck	Back/Spine	Arms	Legs	Internal Injuries	Amputation	Other	
Name addres	s nhone numh	ner of nerson(s) having pictures	of accident s	scene.				
rvarrio, addroo	o, priorio riarric	or or porcorn	of having plotaroc	or addiadrit (
Name, addres	s, phone numb	er of respond	ding police depart	ment and co	mplaint #:				

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