

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:						Chapter #:			
Reporting Chapter Officer Name:									
						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:							
Nomaa addra	aaa talaabaa	o pumboro of	i noroono viho oo	wingident At	took overs obe	ata if nagagaa	2.4		
names, addre	sses, teleprion	e numbers or	persons who sav	w inclaent. At	lacii exira she	ets ii necessar	у.		
When, where,	how 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, phone numb	er of person((s) having pictures	of accident	scene:				
Nama addraa		or of roop on	ding police depen	tmont and an	malaint #				
rvarre, addres	s, priorie numik	ei oi respond	ding police depart	ineni and co	mpiaint #:				

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.