



## Injury Report Form



EMAIL COMPLETED FORM To  
hogukandireland@harley-davidson.com

Chapter Name: \_\_\_\_\_ Chapter Number: \_\_\_\_\_

Reporting Chapter Officer Name: \_\_\_\_\_ Home Ph: \_\_\_\_\_

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

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

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

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 APPROPRIATE RELEASE FORM (IF AVAILABLE).  
ATTACH THE POLICE REPORT IF AVAILABLE. ONLY POLICE SHOULD TAKE WITNESS REPORTS.**