

## EMERGENCY INFORMATION FORM

### Personal Information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

### PERSONAL/MEDICAL/EMERGENCY INFORMATION 2020

**Carry this information on your person**

### Person to notify in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Alternate #: \_\_\_\_\_

**Medical Insurance Provider:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

Medical Information \_\_\_\_\_

Medical Condition (I.e. heart, diabetes, asthma, etc.): \_\_\_\_\_

Medications: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Allergies: \_\_\_\_\_ Living Will: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

### Motorcycle/Vehicle Information:

Motorcycle/ Vehicle License Tag # \_\_\_\_\_ State: \_\_\_\_\_ Make of Bike/Vehicle: \_\_\_\_\_

Vehicle Insurance Policy# & Name of Carrier \_\_\_\_\_

**Breakdowns: OVMA will transport the motorcycle either to the next forward dealership or to our next**

**Nightly stop. After that it is your responsibility.**

**Accidents: If the police permit and if you can instruct us OVMA will transport the motorcycle to the next forward dealership. If you cannot instruct us, the motorcycle will be left the accident happened. Use the following for instructing us on what to do with your motorcycle:**

Personal Equipment Release/deposit to: Next Forward Dealership \_\_\_\_\_

Additional Information: \_\_\_\_\_

Release/deposit at local dealer: \_\_\_\_\_

Sign here to authorize Release/Deposit of Motorcycle

