

**Mail or fax: Barnes Insurance Agency, Inc.**  
**Attention: Virginia Daley**  
**P.O. Box 609 Pigeon Forge, TN 37868**  
**Phone: 865-908-5000 Fax: 865-286-0264**  
**virginiadaley@biatn.com**

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**INJURY TO GUEST / ACCIDENT REPORT FORM**

**INSURED** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **TODAY'S DATE** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**CLAIMANT INFO \*PLEASE PRINT\***

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**AGE** \_\_\_\_\_ **M** \_\_\_\_\_ **F** \_\_\_\_\_

**PARENT'S NAME IF MINOR** \_\_\_\_\_

**LOCATION** \_\_\_\_\_

**INCIDENT DATE** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **TIME** \_\_\_\_\_

**WHAT HAPPENED** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WAS EMERGENCY VEHICLE REQUESTED YES** \_\_\_ **NO** \_\_\_

**WHERE TAKEN** \_\_\_\_\_

**CLAIMANT SIGNATURE IF AVAILABLE** \_\_\_\_\_

**EMPLOYEE FILLING OUT REPORT** \_\_\_\_\_