

Mail/Email or Fax to:
Barnes Insurance Agency, Inc.
Attention: Shira McDowell Clark
P.O. Box 609 Pigeon Forge, TN 37868
Phone: 865-908-5000 Fax: 865-286-0262
shiramcdowell@biatn.com

INJURY TO GUEST / ACCIDENT REPORT FORM

INSURED _____

CONTACT PERSON _____

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 & DESCRIBE INJURY _____

WAS EMERGENCY VEHICLE REQUESTED YES _____ NO _____

CLAIMANT DENIED YES _____ NO _____

WHERE TAKEN _____

CLAIMANT SIGNATURE IF AVAILABLE _____

EMPLOYEE FILLING OUT REPORT _____