

USE TYPEWRITER OR BALL POINT PEN - PRINT FIRMLY.

MILITARY POLICE TRAFFIC ACCIDENT REPORT										PM ACTIVITY CODE/REPORT NO.							
For use of this form see AR 190-45, the proponent agency is Office of The Provost Marshal General																	
DATE OF ACCIDENT		TIME (USE 2400 HOUR)		DAY OF COLLISION		<input type="checkbox"/> SUNDAY <input checked="" type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY		<input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY									
77 MO 04 DAY 30		2315 HRS															
LOCATION		ROAD OR STREET ON WHICH ACCIDENT OCCURRED				NAME AND LOCATION OF MILITARY RESERVATION, CITY, STATE, ETC											
<input checked="" type="checkbox"/> ON <input type="checkbox"/> OFF		THOMAS ST.				FT BLANK, AL 36201											
AT INTERSECTION		NAME OF INTERSECTING STREET		NOT AT INTERSECTION		NAME OF NEAREST INTERSECTING ST. HIGHWAY, OR OTHER PERMANENT IDENTIFYING LANDMARK				NO. OF FEET							
		N/A				38th ST.				25 W							
IF ACCIDENT OCCURRED OFF MILITARY RESERVATION AND OUTSIDE CITY LIMITS INDICATE _____ MILES <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W FROM <input type="checkbox"/> CITY LIMITS <input type="checkbox"/> CENTER OF CITY OR TOWN <input type="checkbox"/> OPEN COUNTRY <input checked="" type="checkbox"/> SCHOOL OR PLAYGROUND <input type="checkbox"/> MFG OR INDUSTRY <input type="checkbox"/> BUSINESS <input type="checkbox"/> OTHER																	
TYPE ACCIDENT		<input checked="" type="checkbox"/> VEHICLE-VEHICLE <input type="checkbox"/> VEHICLE-PEDESTRIAN <input type="checkbox"/> VEHICLE-OTHER				TOTAL NO. OF VEHICLES INVOLVED		SEVERITY									
<input type="checkbox"/> VEHICLE-OBJECT <input type="checkbox"/> VEHICLE-RR TRAIN <input type="checkbox"/> SINGLE VEHICLE (NON COLLISION) <input type="checkbox"/> VEHICLE-PEDESTRIAN <input type="checkbox"/> HIT & RUN						2		<input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY <input type="checkbox"/> NO KILLED <input type="checkbox"/> NO INJURED									
WEATHER, LIGHT AND ROAD CONDITIONS		VEHICLE 1		VEHICLE 2		VEHICLE 3		VEHICLE 4		OTHER (EXPLAIN)							
		DRIVING LANE		CHAR. ACTER		SURFACE		CONDITIONS		DEFECTS							
		ONE		STRAIGHT		CONCRETE		DRY		HOLES, RUTS, BUMPS, ETC.							
		TWO		CURVE		BLACK TOP		WET		LOOSE MATERIAL ON SURFACE							
		THREE OR MORE		LEVEL		BRICK		MUD		DEFECTIVE SHOULDER							
		DIVIDED HIGHWAY		ON GRADE		GRAVEL		SNOW		NO DEFECTS							
		OTHER		OTHER		OTHER		OTHER		OTHER							
TRAFFIC CONTROL		VEHICLE 1		VEHICLE 2		VEHICLE 3		VEHICLE 4		OTHER (EXPLAIN)							
		STOP & GO SIGNAL		FLASHING LIGHT		WARNING SIGN		ONE WAY STREET									
		NO TRAFFIC SIGNAL		OFFICER OR WATCHMAN		SOLID CENTER LINE		STOP SIGN									
VEHICLE NO. 1		VEHICLE NO. 2		VEHICLE NO. 3		VEHICLE NO. 4		VEHICLE NO. 5		VEHICLE NO. 6							
		USA REGISTRATION OR LICENSE NO. CRB 847 (AL) MAKE CHEV YEAR 74 BODY TYPE CAMARO 2 DOOR				USA REGISTRATION OR LICENSE NO. 69-7326 (GA) MAKE MERCURY YEAR 72 BODY TYPE COUGAR 2 DOOR											
		UNIT MARKINGS/DECAL NO. BH 543 (RED) <input checked="" type="checkbox"/> PRIVATELY OWNED <input type="checkbox"/> GOVERNMENT				UNIT MARKINGS/DECAL NO. CH 347 (GREEN) <input checked="" type="checkbox"/> PRIVATELY OWNED <input type="checkbox"/> GOVERNMENT											
		REGISTERED OWNER IF NOT DRIVER (LAST, FIRST, M.I.) PERCY, CLYDE F. 556				REGISTERED OWNER IF NOT DRIVER (LAST, FIRST, M.I.) N/A											
		ADDRESS OF OWNER CO A, 360 INF FT BLANK AL, 36201				ADDRESS OF OWNER											
		NAME AND ADDRESS OF INSURANCE COMPANY OR AGENT ALL PLACE INS, BLANK CITY, AL, 36201				NAME AND ADDRESS OF INSURANCE COMPANY OR AGENT COUNTY FARM SORCHOPPY GA 3901											
DRIVER NO. 1		DRIVER NO. 2		DRIVER NO. 3		DRIVER NO. 4		DRIVER NO. 5		DRIVER NO. 6							
		NAME (LAST, FIRST, M.I.) AND ADDRESS PERCY, HELEN R. (D/O) 306 HARD ROAD NORTH BLANK, AL. 36202				NAME (LAST, FIRST, M.I.) AND ADDRESS BROWN HARVEY G. 4237 RED ROAD HALFWAY GA. 39055											
		SSN 405-13-7701				SSN 262-92-1192											
		AGE 18 SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE				AGE 36 SEX <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE											
		DRIVER'S LICENSE/PERMIT NUMBER 0-43861524 STATE AL.				DRIVER'S LICENSE/PERMIT NUMBER B-343-5373-7243 STATE GA.											
		LIMITATIONS ON LICENSE/PERMIT <input checked="" type="checkbox"/> YES (SPECIFY) CORR LENSES <input type="checkbox"/> NO DRIVING EXPERIENCE (YEARS) 3 MONTHS				LIMITATIONS ON LICENSE/PERMIT <input checked="" type="checkbox"/> YES (SPECIFY) <input type="checkbox"/> NO DRIVING EXPERIENCE (YEARS) 20											
		CODES (1) CAT F (2) INJ A (3) SEAT BELT A (4) SEAT POS 1				CODES (1) CAT E (2) INJ A (3) SEAT BELT 0 (4) SEAT POS 1											
OCCUPANTS		NAME AND ADDRESS				VEH. NO.		CODES →		CATE. GORY (1)							
		BROWN, SALLY S, SAME AS DRIVER #2				2		34 F E A D 3									
PEDESTRIAN		NAME AND ADDRESS				VEH. NO.		CODES →		CATE. GORY (1)							
		N/A															
		PEDESTRIAN WAS GOING: <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W ALONG/ACROSS/INTO (STREET, ROAD OR HIGHWAY):															
		FROM INW TO SW CORNER, OR EAST TO WEST SIDE, ETC):															
		CROSSING WITH SIGNAL		CROSSING NO SIGNAL		STANDING ON ROADWAY		WALKING IN ROAD AGAINST TRAFFIC									
		CROSSING AGAINST SIGNAL		HITCHING ON VEHICLE		COMING FROM BEHIND PARKED CAR		WALKING IN ROAD WITH TRAFFIC									
		CROSSING NOT AT INTERSECTION		PLAYING ON ROADWAY		PUSHING OR WORKING ON VEHICLE		OTHER									
WITNESSES		NAME AND ADDRESS				TELEPHONE NUMBER		NAME AND ADDRESS		TELEPHONE NUMBER							
		SMITH HARRY Q, SP4 274-38-4014 CO B, 360 INF, FT. BLANK AL. 36201				734-6410											
CODES		(1) CATEGORY		(2) INJURY CLASS		(3) SHOULDER/LAP BELTS		(4) SEAT POSITION		7. OTHER POSITION (BUS-MOTORCYCLES & POSITION UNKNOWN)							
		A. ARMY OFFICER B. ARMY ENLISTED C. OTHER SERVICE OFFICER D. OTHER SERVICE ENLISTED E. CIVILIAN F. DEPENDENT G. OTHER		A. NO INJURY B. DEAD AT SCENE C. DEAD ON ARRIVAL D. DIED IN HOSPITAL E. INCAPACITATING INJURY F. NON-INCAP (EVIDENT) INJURY G. POSSIBLE INJURY H. INJURY UNKNOWN		A. LAP BELT USED B. SHOULDER HARNESS USED C. BOTH USED D. NOT USED E. NOT INSTALLED F. LAP BELT FAILED G. SHOULDER HARNESS FAILED H. BOTH FAILED I. UNKNOWN		<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td>4</td><td>1</td></tr> <tr><td>5</td><td>2</td></tr> <tr><td>6</td><td>3</td></tr> </table>		4	1	5	2	6	3		
4	1																
5	2																
6	3																

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PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

DA Form 3946, Front