

INSTRUCTIONS FOR COMPLETING DA FORM 3946

1. For detailed instructions on completing this form, see FM 19-26.

2. Special instructions are as follows:

a. "Injury Class" and "Severity of Damage." Traffic accidents are classified according to severity in terms of degree of injuries or property damage sustained. Definitions of the terms are contained in Appendix B, AR 190-5.

b. "Sketch of Collision." Draw the collision scene exactly as you observed it. If opinions about the events that led up to the collision can be substantiated with observable facts, indicate these on the sketch. When required by local policy, a detailed, scaled diagram may accompany this form; recommended format is contained in FM 19-26.

c. "Description of Collision."

(1) Will include information not on sketch or not on other parts of the form. Describe special conditions or events associated with the collision such as vehicle(s) on fire, immersed or submerged, roadway lights not operating, operator restrictions, color (*shade*) of clothing of pedestrians, etc. If not sufficient space, supplemental pages may be attached.

(2) When form is completed from information received after vehicle(s) have been moved, or removed from the accident scene or from reports from other agencies (*e.g., civil police, etc.*), the report will be completed in as much detail as possible; the source of the information will be identified in "Description of Collision."

3. Release of Information. AR 25-55 controls the release of information and records from Army files and traffic accident information will not be released outside the provisions of the regulation. This form contains statements of fact and information normally releaseable to victims, subjects, witnesses or other persons having interest in a particular accident. Copies of the form may be released to those individuals. Coordination with local staff judge advocate should be made prior to all releases.

4. Distribution:

a. Original: Forward to the commander concerned, utilizing DA Form 3975 (*Military Police Report*) as the transmitting document.

b. A copy of the form is maintained in the originating office.

c. A third copy will be made for release as required by AR 340-17.

9a. VEHICLE NO. 1					9b. VEHICLE NO. 2						
USA REGISTRATION OR LICENSE NO.		MAKE	YEAR	BODY TYPE	USA REGISTRATION OR LICENSE NO.		MAKE	YEAR	BODY TYPE		
UNIT MARKINGS/DECAL NO.			<input type="checkbox"/> Privately Owned <input type="checkbox"/> Government		UNIT MARKINGS/DECAL NO.			<input type="checkbox"/> Privately Owned <input type="checkbox"/> Government			
REGISTERED OWNER (If not driver) (Last, First, MI)					REGISTERED OWNER (If not driver) (Last, First, MI)						
ADDRESS OF OWNER					ADDRESS OF OWNER						
NAME AND ADDRESS OF INSURANCE COMPANY OR AGENT					NAME AND ADDRESS OF INSURANCE COMPANY OR AGENT						
10a. DRIVER NO. 1					10b. DRIVER NO. 2						
NAME (Last, First, MI), Grade and Address			SSN		NAME (Last, First, MI), Grade and Address			SSN			
			AGE					AGE			
			<input type="checkbox"/> Male <input type="checkbox"/> Female					<input type="checkbox"/> Male <input type="checkbox"/> Female			
DRIVER'S LICENSE/PERMIT NUMBER			STATE		DRIVER'S LICENSE/PERMIT NUMBER			STATE			
LIMITATIONS ON LICENSE/PERMIT <input type="checkbox"/> NO <input type="checkbox"/> YES (Specify)			YEARS' DRIVING EXPERIENCE		LIMITATIONS ON LICENSE/PERMIT <input type="checkbox"/> NO <input type="checkbox"/> YES (Specify)			YEARS' DRIVING EXPERIENCE			
CODES	CAT (1)	INJ (2)	SEAT BELT (3)	SEAT POS (4)	CODES	CAT (1)	INJ (2)	SEAT BELT (3)	SEAT POS (4)		
11. OCCUPANTS											
NAME AND ADDRESS					VEH NO.	AGE	SEX	CODES			
								CAT (1)	INJ (2)	SEAT BELT (3)	SEAT POS (4)
CODES											
(1) CATEGORY		(2) INJURY CLASS		(3) SHOULDER/LAP BELTS		(4) SEAT POSITION					
A . Army Officer B . Army Enlisted C . Other Service Officer D . Other Service Enlisted E . Civilian F . Dependent O . 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 U . Unknown		1. Front Left 2. Front Center 3. Front Right 4. Back Left 5. Center Back 6. Back Right 7. Other Position (Bus-Motorcycle) 8. Position Unknown					

12. PEDESTRIAN					
a. NAME AND ADDRESS		b. AGE	c. SEX	d. CATEGORY	e. INJURY
f. PEDESTRIAN WAS GOING <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> ALONG <input type="checkbox"/> ACROSS <input type="checkbox"/> INTO STREET, ROAD OR HIGHWAY, FROM (NW to SW corner, or east to west side, etc.) _____ TO _____.					
<input type="checkbox"/> Crossing With Signal	<input type="checkbox"/> Crossing No Signal	<input type="checkbox"/> Standing on Roadway	<input type="checkbox"/> Walking in Road Against Traffic		
<input type="checkbox"/> Crossing Against Signal	<input type="checkbox"/> Hitching on Vehicle	<input type="checkbox"/> Coming From Behind Parked Car	<input type="checkbox"/> Walking in Road With Traffic		
<input type="checkbox"/> Crossing Not at Intersection	<input type="checkbox"/> Playing on Roadway	<input type="checkbox"/> Pushing or Working on Vehicle	<input type="checkbox"/> Other		
13. WITNESSES					
a. NAME AND ADDRESS			b. TELEPHONE NUMBER		
14. VEHICLE DAMAGE					
a. DAMAGED VEHICLE NO. 1		DAMAGED VEHICLE NO. 2		DAMAGED TRAILER, MOTORCYCLE ETC. <i>(Sketch Damage)</i>	
<input type="checkbox"/> Right Front of Car	<input type="checkbox"/> Left Front Door	<input type="checkbox"/> Right Front of Car	<input type="checkbox"/> Left Front Door		
<input type="checkbox"/> Right Front Fender	<input type="checkbox"/> Left Front Fender	<input type="checkbox"/> Right Front Fender	<input type="checkbox"/> Left Front Fender		
<input type="checkbox"/> Right Front Door	<input type="checkbox"/> Left Front of Car	<input type="checkbox"/> Right Front Door	<input type="checkbox"/> Left Front of Car		
<input type="checkbox"/> Right Rear Door	<input type="checkbox"/> Hood	<input type="checkbox"/> Right Rear Door	<input type="checkbox"/> Hood		
<input type="checkbox"/> Right Rear Fender	<input type="checkbox"/> Roof	<input type="checkbox"/> Right Rear Fender	<input type="checkbox"/> Roof		
<input type="checkbox"/> Right Rear of Car	<input type="checkbox"/> Trunk	<input type="checkbox"/> Right Rear of Car	<input type="checkbox"/> Trunk		
<input type="checkbox"/> Left Rear of Car	<input type="checkbox"/> Undercarriage	<input type="checkbox"/> Left Rear of Car	<input type="checkbox"/> Undercarriage		
<input type="checkbox"/> Left Fender	<input type="checkbox"/> Overturn	<input type="checkbox"/> Left Fender	<input type="checkbox"/> Overturn		
<input type="checkbox"/> Left Rear Door		<input type="checkbox"/> Left Rear Door			
b. SEVERITY OF DAMAGE VEHICLE NO. 1		SEVERITY OF DAMAGE VEHICLE NO. 2			SEVERITY OF DAMAGE OTHER VEHICLE
<input type="checkbox"/> Disabling Damage	<input type="checkbox"/> Other MV Damage	<input type="checkbox"/> Disabling Damage	<input type="checkbox"/> Other MV Damage	<input type="checkbox"/> Disabling Damage	<input type="checkbox"/> Other MV Damage
<input type="checkbox"/> Functional Damage	<input type="checkbox"/> No Damage	<input type="checkbox"/> Functional Damage	<input type="checkbox"/> No Damage	<input type="checkbox"/> Functional Damage	<input type="checkbox"/> No Damage
c. TOWED BY		TOWED BY		TOWED BY	
d. TOWED TO		TOWED TO		TOWED TO	
e. DAMAGE TO PROPERTY OTHER THAN VEHICLE					
f. SKETCH OF COLLISION. (1) Identify roadway and roadway features, vehicles, pedestrians, objects on/off roadway, traffic controls, skidmarks, unusual/temperature conditions (<i>ice patch, construction areas, etc.</i>). (2) Locate probable point of impact. (3) Show vehicle, pedestrian or object positions at impact. (4) Show probable vehicle or pedestrian paths before and after collision. NORTH = ↑					
g. DESCRIPTION OF COLLISION. Indicate what probably happened before, during, and after the crash; include information not on sketch, e.g., driver disability, reduced visibility, pedestrian clothing color, construction or repair work, etc.					

15a. DRIVER'S ACTION BEFORE ACCIDENT													
DIRECTION HEADED	DRIVER (Check one or more)				DRIVER (Check one or more)				VEHICLE (Specify Feet/MPH)				
	1		2		1		2		Other (Specify)		1	2	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Estimated Distance When Danger Was First Noticed
VEHICLE 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Estimated Speed When Danger was First Noticed
<input type="checkbox"/> N <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Estimated Speed at Impact (MPH)
<input type="checkbox"/> E <input type="checkbox"/> W	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Distance Traveled After Impact (Feet)
VEHICLE 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lawful Speed (MPH)
<input type="checkbox"/> N <input type="checkbox"/> S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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