

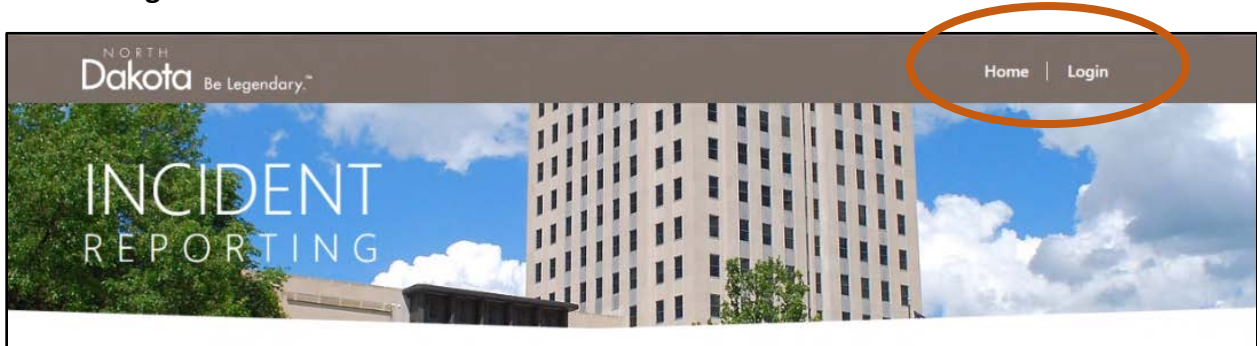
Incident Reporting Instructions

1. Read through the Vehicle Crash/Damage Procedures
2. Click on the link <https://incidentreporting.omb.nd.gov/>
3. First time users will need to register first:
 - a. Click on the Register tab
 - b. Under “Register for NON-ND.GOV account” fill in email and choose your own password.
 - c. Click on the Register button
 - d. You will receive an email with an invitation code
 - e. Under the “Redeem Invitation” tab, enter the invitation code and Click on the Register button.
4. Login under the NON-ND.GOV account using the email and password used for registering.
5. The web site will walk you through the incident reporting.

MOTOR VEHICLE CASE SUBMISSION

Go to this website: <https://incidentreporting.omb.nd.gov/>


Click on **Login**.



ND.GOV Login: For employees with a ND.GOV email.

NON-ND.GOV Login: For employees of the University System, Court System, Mill & Elevator, and National Guard.

Note: some browser settings will automatically try and fill in blank spaces.

Login with a NON-ND.GOV account	Login with ND.GOV account
<p>Email <input type="text"/></p> <p>* Password <input type="password"/></p> <p><input type="checkbox"/> Remember me?</p> <p><input type="button" value="NON-ND.GOV Login"/> <input type="button" value="Forgot your password?"/></p>	<p><input type="button" value="ND.GOV Login"/> </p> <p>ND.GOV Login</p>

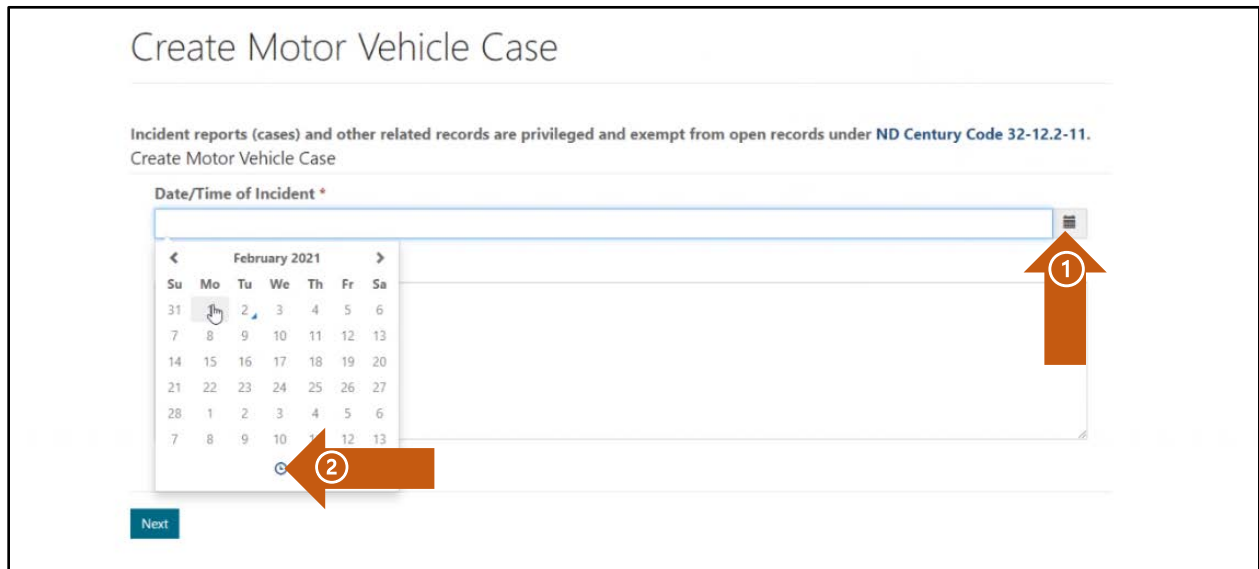
ONLY University System, Court System, Mill & Elevator and National Guard employee should use NON-ND.GOV Login.

Click on **Motor Vehicle Case** and **Create Motor Vehicle Case**

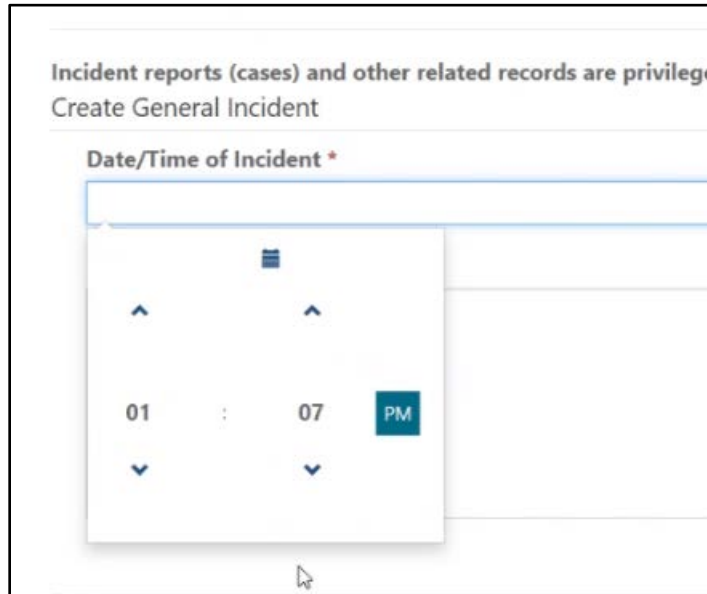


Required fields are identified with an asterisk*.

Click on the **Calendar** to select the date and time. Click on the **Clock** below to adjust the time.



Adjust to the appropriate time.



Please complete the necessary information.

Provide details on where the incident occurred.

Click **Next**.

A screenshot of the "Edit Motor Vehicle Case" form. At the top, it says "Incident reports (cases) and other related records are privileged and exempt from open records under ND Century Code 32-12.2-11." Below that is the "Information" section. It contains four fields: "Case Number" with value "CAS-01952-Z5L7W1" and a note "The case number is automatically generated once you start a new case"; "Department/Agency" with value "32550-SOUTHEAST HUMAN SERVICE CENTER" and a note "Department/Agency is generated if you previously entered a case report"; "Date/Time of Incident *" with value "2/1/2021 1:18 PM"; and "Where did the incident occur? *" with a large text area and a note "Provide information on where the incident occurred. Streets, Intersections, Highways, Interstates, etc.".

Provide a detailed explanation of what has occurred.

Claim for damages/reimbursement is a required field.

- **Yes**, indicates that a member of the public and/or a potential claimant is requesting that a letter and claim form be mailed to them.
- This question **DOES NOT** pertain to employee injuries.

Description of the Incident and Purpose of Trip *

Test

Please provide a detailed explanation of the incident.

Claim for damages/reimbursement *

No

Type of Accident

Animal

Type of Accident drop down choices

Animal

Backing

Fixed Object

Glass Damage

Hail/Wind

Head On

Other

Rear End

Right Angle

Rollover

Sideswipe

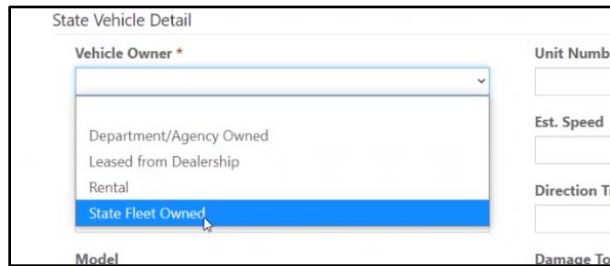
Snowplowing/Sanding

Vandalism/Hit and Run

Violation

Vehicle Owner choices.

- Department/Agency Owned – Not a state fleet vehicle. Vehicle **does not** have SF plates.
- Leased from Dealership
- Rental
- State Fleet owned – Vehicle **does** have SF plates.
 - **Note:** Highway Patrol and DOCR Parole and Probation are assigned state fleet vehicles. The license plates on these vehicles are unique. When submitting a motor vehicle case please enter the unit number assigned to the vehicle, not the license plate.



The **Unit Number** is referring to the state fleet vehicle number or the number on the license plate.

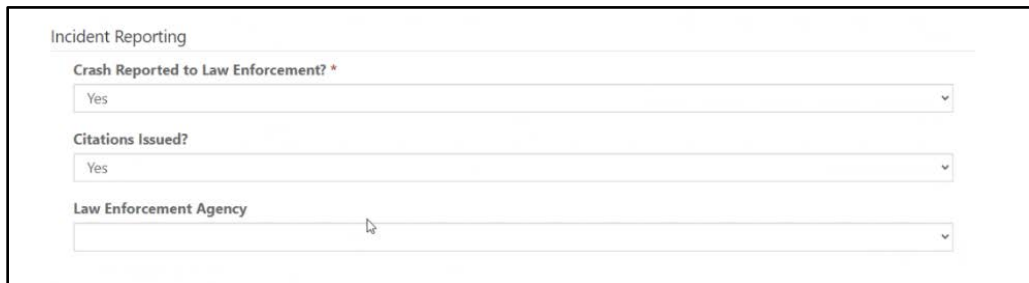
The image shows the full 'State Vehicle Detail' form with the following values entered:

- Vehicle Owner *:** Department/Agency Owned
- Vehicle Dispatch Office/NDDOT Repair Location *:** 80161-DOT-BISMARCK DISTRICT
- Make:** Ford
- Model:** Explorer
- Unit Number *:** 2121
- Est. Speed:** 100
- Direction Traveling:** East
- Damage To Vehicle?:** Yes

Was the crash reported to law enforcement?

Did any of the drivers receive a citation?

If law enforcement was contacted please select the agency that responded. The drop down includes of all the North Dakota law enforcement agencies. If the agency is **not** in the drop down, please provide that information in the description of the incident.



The screenshot shows a form titled "Incident Reporting" with three dropdown menus. The first dropdown is labeled "Crash Reported to Law Enforcement? *" and has "Yes" selected. The second dropdown is labeled "Citations Issued?" and has "Yes" selected. The third dropdown is labeled "Law Enforcement Agency" and is currently empty.

State & Other Vehicle Passenger: the State Driver/Employee, Other Driver, and any Passengers should be added as Participants.

Click on **Create Participant**.



The screenshot shows a section titled "State & Other Vehicle Passengers". Below the title is a red instruction: "All individuals involved in the incident, including the state driver, must be listed." To the right of this instruction is a blue button labeled "Create Participant", which is circled in orange. Below the instruction is a table with the following columns: "Last Name", "First Name", "Injured", and "Participant Type". The table contains one row with the following data: "KiesonTester", "JODI", "No", and "Insurance Company". To the right of the "Insurance Company" cell is a small blue button labeled "Edit Delete".

Last Name	First Name	Injured	Participant Type
KiesonTester	JODI	No	Insurance Company

Complete the necessary information for the **Participant(s)**. Click **Submit**.

Create

Participant Details

First Name *
JoTester10

Last Name *
KiesonTester10

Participant Type *
State Driver

Individual Status *
Employee

Phone Number
(701) 328-1111

Street Address 1 *
600 East Boulevard Avenue

Street Address 2
Dept 110, 4th Fl

City *
BISMARCK

State/Province *
ND

Zip Code *
58505

Injured
Yes

Will employee seek medical attention? *
Yes

Injury Description *
Testing

Describe Damaged Property
Testing

Submit

If there was any **Property or Vehicle Damage**, this is where that information is added.

Property or Vehicle Damage

Add all vehicles and properties involved in the incident.

Properties and Vehicles

Create Property Record Create Other Vehicle Record

Property Type ↑	ID ↑	Damage Description	
Other		Property Damaged Property Item	Edit Delete
Vehicle		damage to vehicle	Edit Delete

The vehicle damage screen for the **OTHER vehicle**. The **Vehicle Damage** screen.

Vehicle Damage

Damage Information

Describe Damage *

Testing Vehicle Damage

Driver Information

Does the driver own the vehicle? *

Yes

Driver's First Name *

JoTester8

Driver's Last Name *

KiesonTester8

Address Street 1 *

600 East Boulevard Avenue

Address Street 2

Dept 110, 4th Fl

City *

BISMARCK

State *

ND

Zip Code *

58505

Phone Number

(701) 328-1111

Email Address

eg.you@site.com

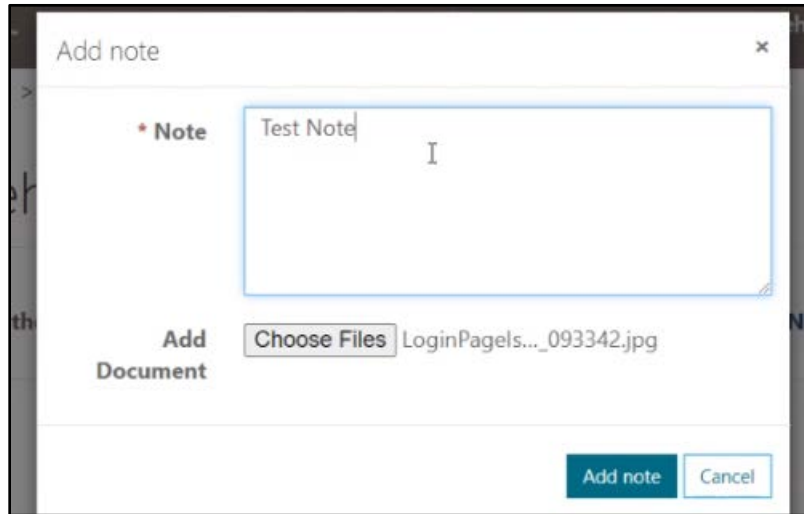
Continuation of the vehicle damage screen.

A screenshot of a web form titled "Vehicle Information". The form contains several input fields, each with a light blue background and a white border. The fields are: "Insurance Policy Number" with the value "11111111", "Year" with the value "2013", "Make" with the value "Ford", "Model" with the value "Explorer", "License Plate" with the value "LicensePlate", and "Direction Traveling" with the value "south". A green "Submit" button is located at the bottom left of the form area.

After you have added all participants, you have the option to add attachments. If applicable, click on **Attach New Document**.

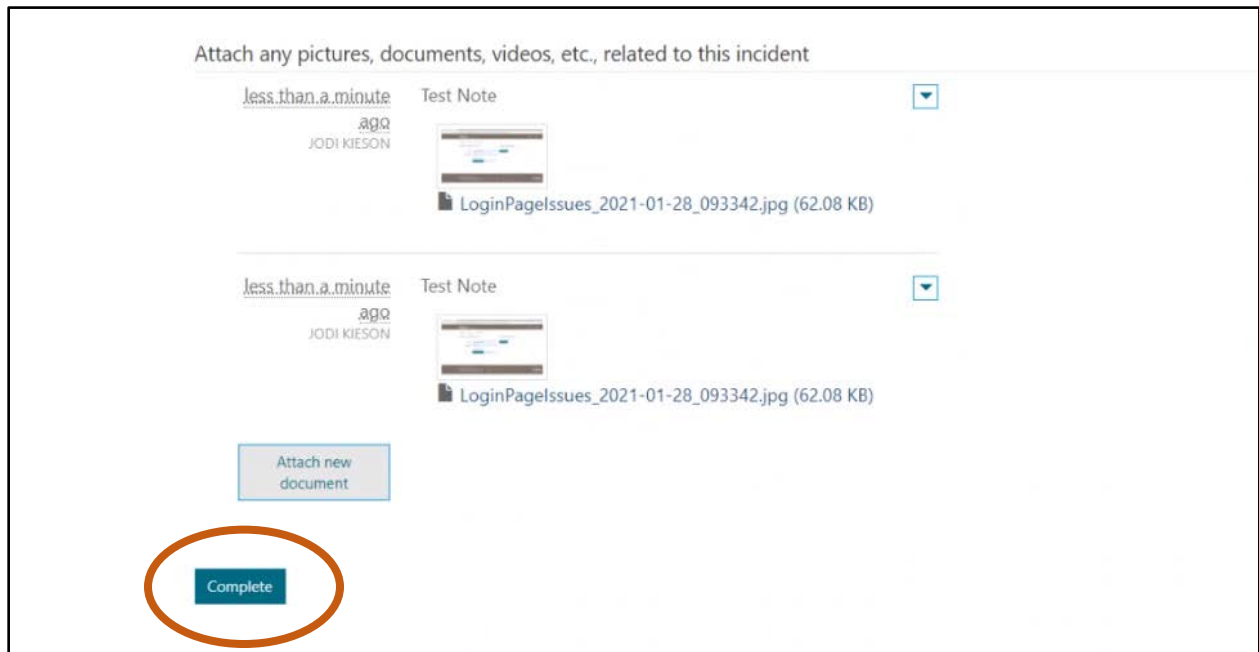
A screenshot of the "Attachments" section of a web form. At the top, it says "Attach any pictures, documents, videos, etc., related to this incident". Below this, there are two identical entries for "Test Note" by "JODI KIESON". Each entry includes a small thumbnail image and a file name: "LoginPageIssues_2021-01-28_093342.jpg (62.08 KB)". A green "Complete" button is at the bottom left. A blue button labeled "Attach new document" is circled in orange.

Please provide a note or description of the attachment. Click **Choose Files** to add the document, picture, or video. Then click **Add Note**.



The screen below indicates that the attachment has been added. Complete the above process to add multiple attachments.

If no further attachments are required, then click **Complete**.



The system will direct you to the following screen. At this point, you have the option to make changes to the case before it is submitted to Risk Management. If so, click **Edit**. If no further changes are necessary, then click **Submit**.



The system will confirm that you would like to submit your case/incident report. **Once the case has been submitted you will no longer have the option to make modifications and changes/additions can be emailed to Risk Mangement.**

If there no further changes, click **Submit Case**.

