Motor Vehicle Case Submission

Go to: https://incidentreporting.omb.nd.gov

Click on Login
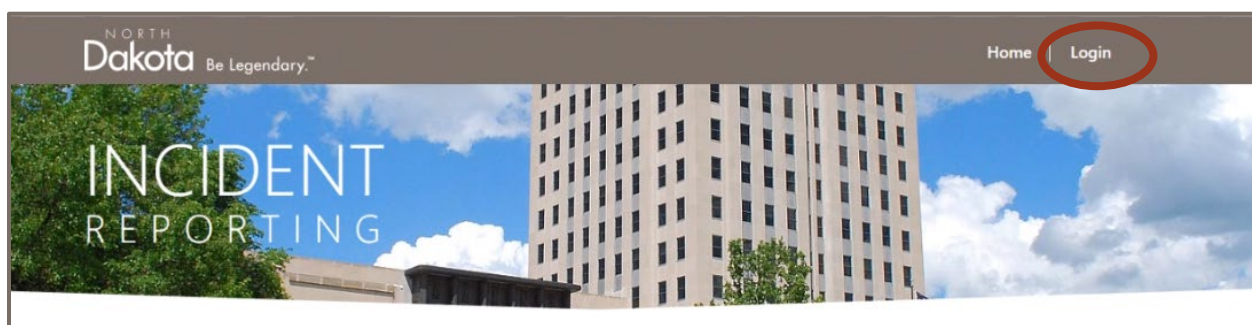
**ND.GOV Login**: For employees with a ND.GOV email.

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

Note: some browser settings will automatically try to fill in blank spaces. Please be attentive to which button you are clicking on.
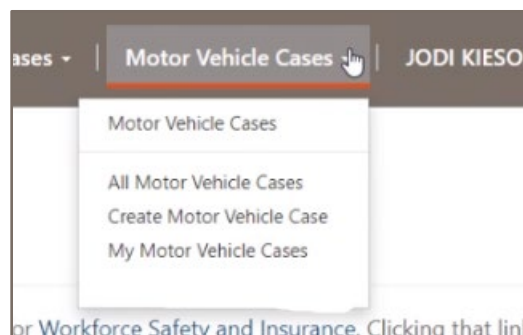
When you are logged in, you will see the following screen. Your name will appear in the upper right-hand corner.

- **NOTE**: Medical Cases are restricted to patient/client care. If you are required submit a medical case, please contact the Risk Management office at 701-328-7584.
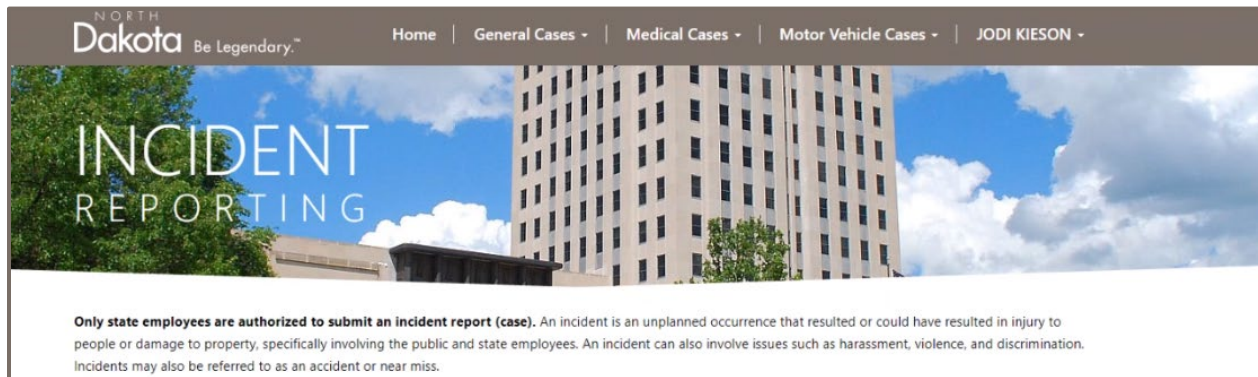
Click on **Motor Vehicle Cases** and **Create Motor Vehicle Case**.

Required fields are identified with an asterisk*.

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

Select the appropriate date.

Adjust to the appropriate time of the incident.

Create General Incident

Date/Time of Incident *

M/D/YYYY h:mm A

01   :   34   PM

Please complete the necessary information.

Case Number

CAS-24698-Q7M5Q8   The case number is automatically generated once you start a new case.

Department/Agency

11050-RISK MANAGEMENT   Department/Agency is generated if you previously entered a case report.

Provide a detailed, factual, and objective description of the incident. Provide the who, what, when, where, and how for the incident. Do not enter "see attached" as the only description. If the incident ever needs to be searched, there must be searchable/distinguishing words for the search to be successful.

Description of the incident *

Provide a detailed, factual, and objective description of the incident.
Provide the who, what, when, where, and how for the incident.

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.

Claim for damages/reimbursement *

Select the **Type of Crash**

Type of Crash *

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.

- o **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 / State Fleet Number** is referring to the number on the license plate or state fleet number that has been assigned to the vehicle.

The **Vehicle Dispatch Office/NDDOT Repair Location** (choices are listed below) is a required field. This is the repair location of the vehicle or the location where the vehicle was checked out from.

The choices available for **Vehicle Dispatch Office/NDDOT Repair Location**.

Vehicle Dispatch Office/NDDOT Repair Location *

23000-UNIVERSITY OF NORTH DAKOTA
23500-ND STATE UNIVERSITY
80161-DOT-BISMARCK DISTRICT
80162-DOT-VALLEY CITY DISTRICT
80163-DOT-DEVILS LAKE DISTRICT
80164-DOT-MINOT DISTRICT
80165-DOT-DICKINSON DISTRICT
80166-DOT-GRAND FORKS DISTRICT
80167-DOT-WILLISTON DISTRICT
80168-DOT-FARGO DISTRICT

The next sequence of questions are listed below.

- 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.

Incident Reporting

Crash Reported to Law Enforcement? *
Yes

Citations Issued?
Yes

Law Enforcement Agency

State & Other Vehicle Passenger: the state employee driving the vehicle **MUST** be listed as the **State Driver** (participant type). If the State vehicle was parked or the driver is unknown then the State Driver needs to be listed as unknown.

If there were others involved in the crash please ensure those individuals are listed.

Click on **Create Participant**.

State & Other Vehicle Passengers

All individuals involved in the incident, including the state driver, must be listed.

Create Participant

Last Name ↑	First Name ↑	Injured	Participant Type	
KiesonTester	JODI	No	Insurance Company	Edit Delete

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

Create

Participant Details

First Name *

Last Name *

Participant Type *

Drop down options listed below

Individual Status *

Drop down options listed below

Phone Number

eg (000) 000-0000

Street Address 1 *

Street Address 2

City *

State/Province *

eg XX

Zip Code *

eg 00000

Continuation of the participant screen.

Injured

Describe Damaged Property

Submit

Participant Type options:

Participant Type *

Client
Insurance Company
Involved
Other Driver
Other Passenger
Owner
Parent/Guardian
Physician
Primary Injured
Primary Passenger
State Driver
State Passenger
Witness

Individual Status options:

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

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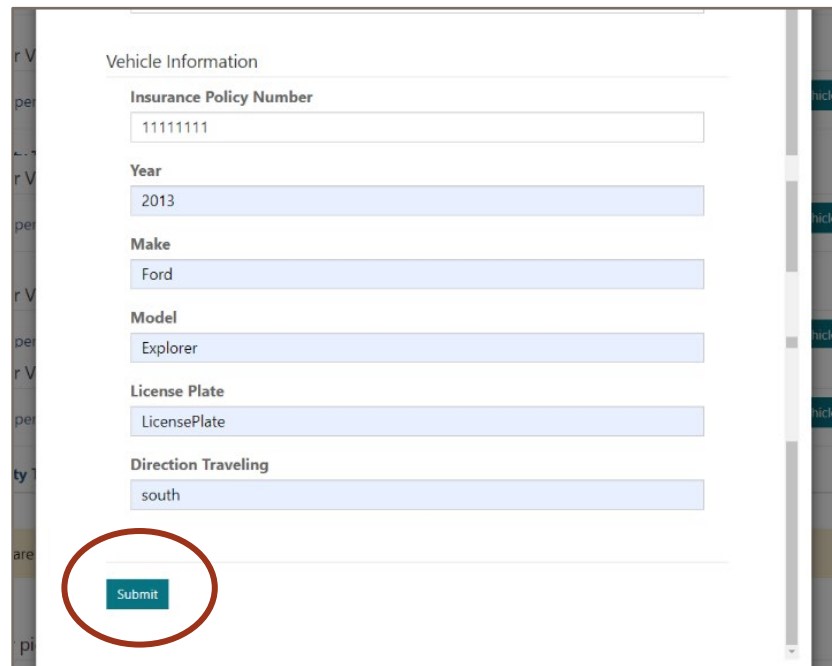
Vehicle Damage

Damage Information

Describe Damage *

Testing Vehicle Damage

Driver Information
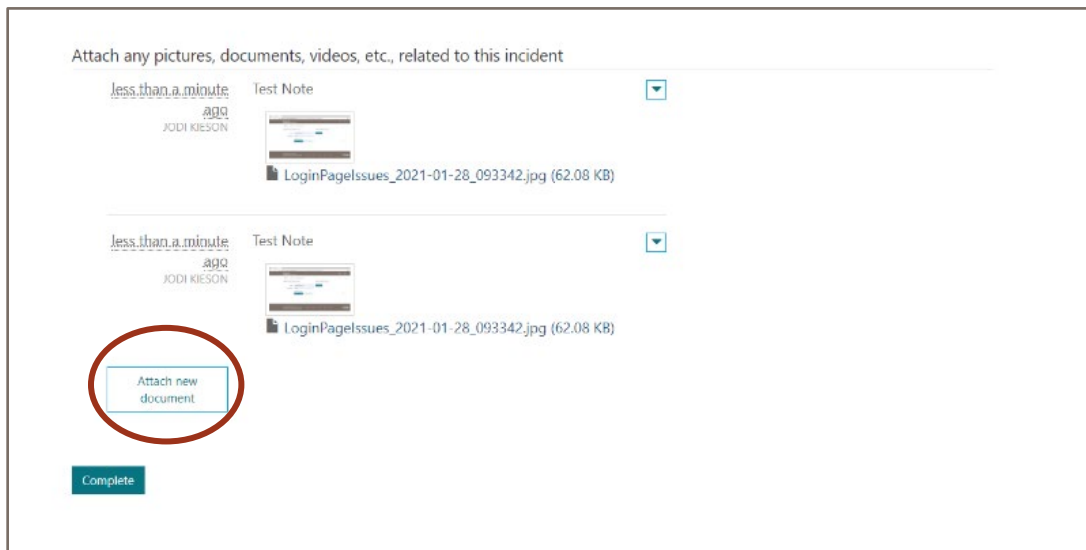
Does the driver own the vehicle? *

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.
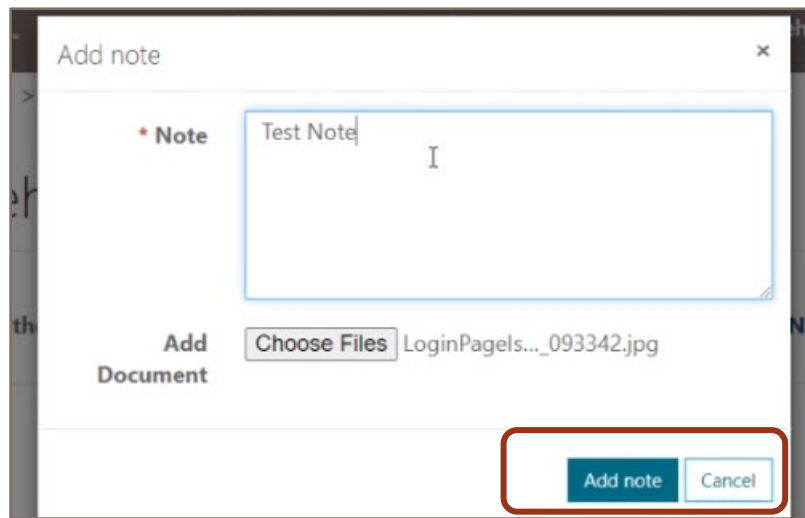
After you have added all participants, you have the option to add attachments. If applicable, click on **Attach New Document**.
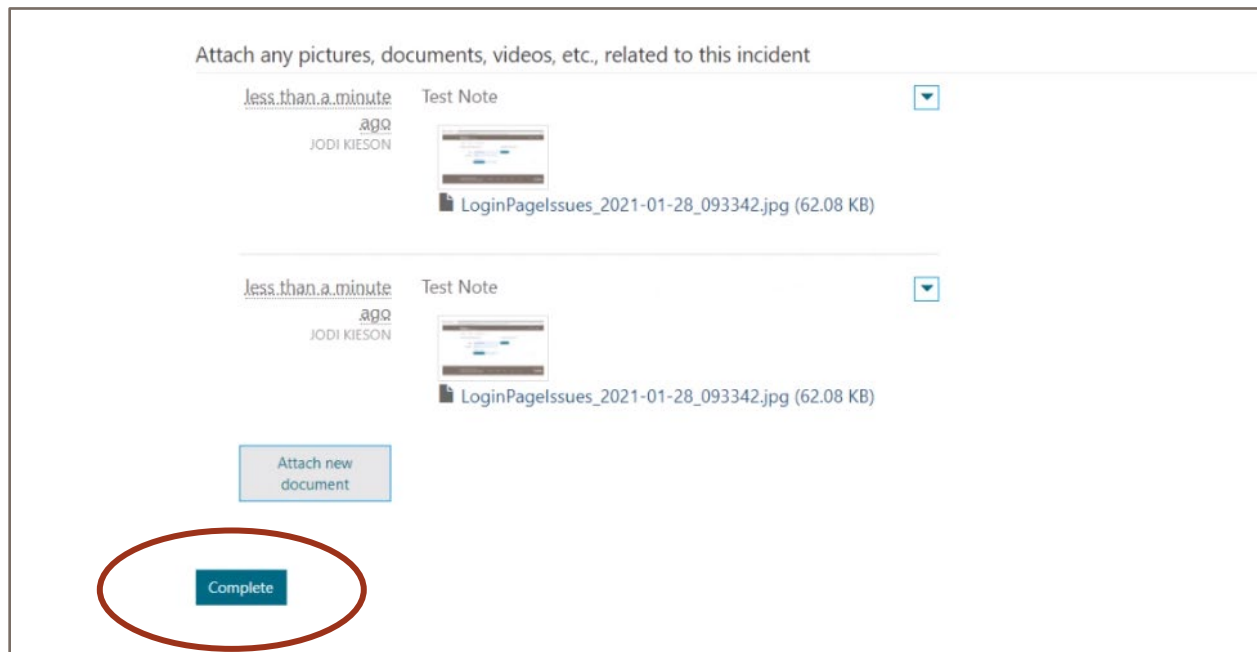
Please provide a note or description of the attachment. Click **Choose Files** to add the document, picture, or video. Then click **Add Note**.
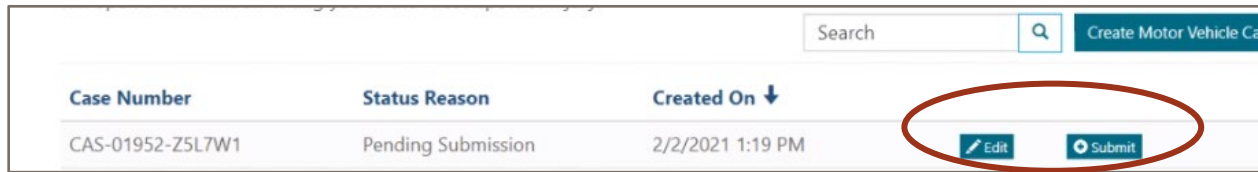

The screen below indicates that the attachment has been added. Complete the above process to add multiple attachments.

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**.
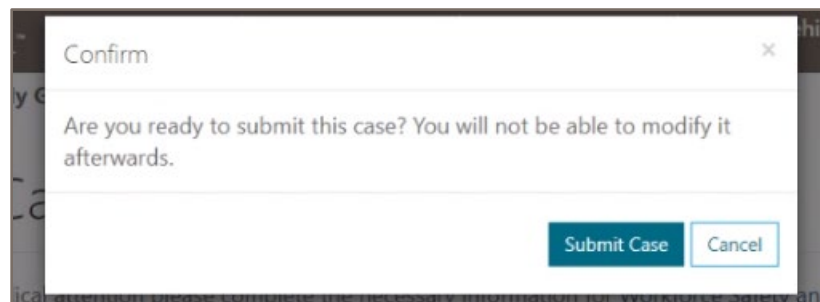
	Search	🔍	Create Motor Vehicle Ca
Case Number	**Status Reason**	**Created On** ↓	
CAS-01952-Z5L7W1	Pending Submission	2/2/2021 1:19 PM	✏ Edit ⊕ Submit

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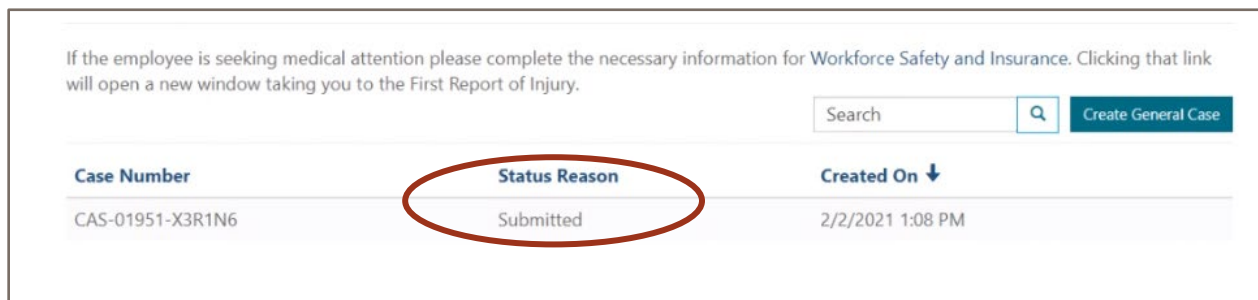
If there no further changes, click **Submit Case**.

Confirm   ✕

Are you ready to submit this case? You will not be able to modify it afterwards.

Submit Case   Cancel

Ensure that your incidents/cases are submitted, this indicates to Risk Management that you have completed the report.

If the employee is seeking medical attention please complete the necessary information for Workforce Safety and Insurance. Clicking that link will open a new window taking you to the First Report of Injury.

	Search	🔍	Create General Case
Case Number	**Status Reason**	**Created On** ↓	
CAS-01951-X3R1N6	Submitted	2/2/2021 1:08 PM	

The individual entering the case/incident will receive a confirmation email with the case number. Also, the agency's designated risk management and workers comp contact will receive a confirmation email.

NORTH
Dakota | Risk Management
Be Legendary.™ MANAGEMENT AND BUDGET

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