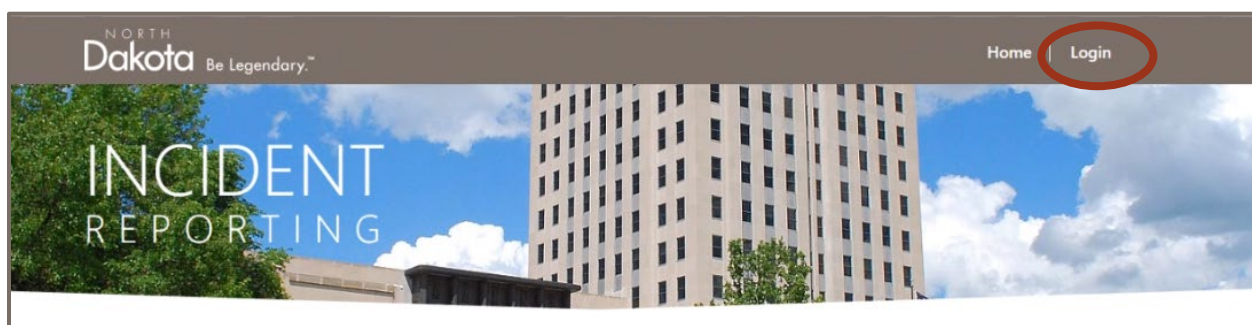




Motor Vehicle Case Submission

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


Click on Login



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

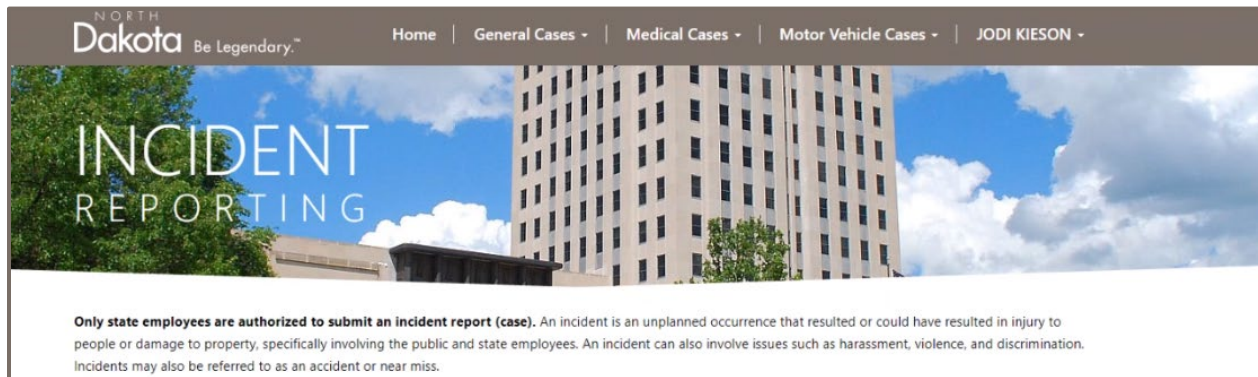
NON-ND.GOV Login: For employees of the University System, Court System, Mill & Elevator, and National Guard.

Note: some browser settings will automatically try to fill in blank spaces. Please be attentive to which button you are clicking on.

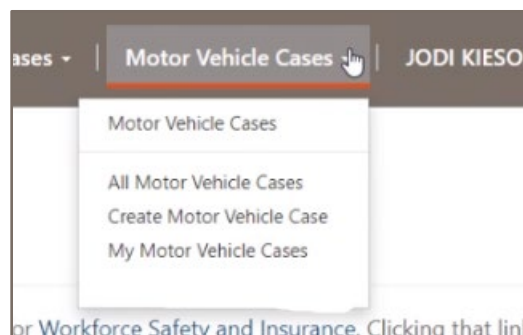
Login with a NON-ND.GOV account	Login with ND.GOV account
<p>Email <input type="text"/></p> <p>* Password <input type="password"/></p> <p><input type="checkbox"/> Remember me?</p> <p><input type="button" value="NON-ND.GOV Login"/> <input type="button" value="Forgot your password?"/></p> <p><small>ONLY University System, Court System, Mill & Elevator and National Guard employee should use NON-ND.GOV Login.</small></p>	<p><input type="button" value="ND.GOV Login"/> </p> <p>ND.GOV Login</p>

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

Create Motor Vehicle Case

Incident reports (cases) and other related records are privileged and exempt from open records under ND Century Code 32-12.2-11.

Create Motor Vehicle Case

Date/Time of Incident *

<

February 2021

>

Su	Mo	Tu	We	Th	Fr	Sa
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	1	2	3	4	5	6
7	8	9	10	11	12	13

⌚

Next

Select the appropriate date.

Date/Time of Incident *

M/D/YYYY h:mm A

<

December 2023

>

Su	Mo	Tu	We	Th	Fr	Sa
26	27	28	29	30	1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31	1	2	3	4	5	6

⌚

Adjust to the appropriate time of the incident.

Create General Incident

Date/Time of Incident *

M/D/YYYY h:mm A

A date and time picker interface. At the top is a calendar icon. Below it are two columns of numbers. The left column has '01' and the right column has '34'. Between them is a colon. To the right of '34' is 'PM'. Above each column are up arrows and below each column are down arrows.

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 *



A screenshot of a web form's dropdown menu for 'Type of Crash'. The menu is open, showing a list of options. The top option, 'Animal', is highlighted with a blue background. The list includes: Animal, Backing, Fixed Object, Glass Damage, Hail/Wind, Head On, Other, Rear End, Right Angle, Rollover, Sideswipe, Snowplowing/Sanding, Vandalism/Hit and Run, and Violation. A mouse cursor is visible at the bottom of the list.

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 screenshot shows a web form titled "State Vehicle Detail". On the left, there is a dropdown menu labeled "Vehicle Owner *" with a downward arrow. The menu is open, showing four options: "Department/Agency Owned", "Leased from Dealership", "Rental", and "State Fleet Owned". The "State Fleet Owned" option is highlighted in blue. To the right of this menu, there are several other input fields: "Unit Number", "Est. Speed", "Direction Tr", and "Damage To". The "Unit Number" field is empty. The "Est. Speed" field has a small downward arrow. The "Direction Tr" field has a small downward arrow. The "Damage To" field has a small downward arrow. Below the "Vehicle Owner" dropdown, there is a label "Model" and a corresponding input field.

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.

Unit / State Fleet Number *

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.

Vehicle Dispatch Office/NDDOT Repair Location * <input type="text"/>	Est. Speed <input type="text"/>
Make <input type="text"/>	Direction Traveling <input type="text"/>
Model <input type="text"/>	Damage To Vehicle? <input type="text"/>

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

Street Address 1 *

Street Address 2

City *

State/Province *

Zip Code *

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:

Individual Status *

Client

Employee

Inpatient

Other

Outpatient

Resident

Student

Visitor

Volunteer

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.

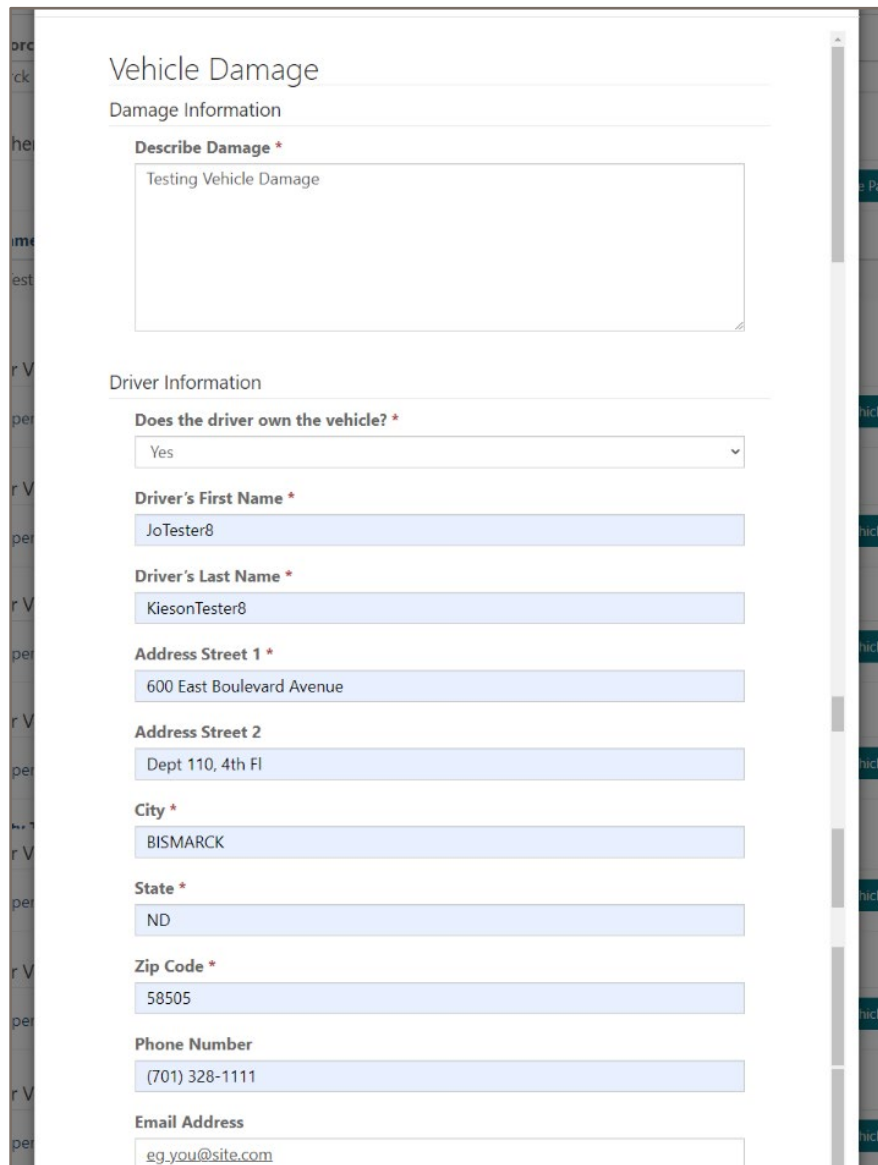
Properties and Vehicles

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.



The screenshot shows a web form titled "Vehicle Damage". It is divided into two main sections: "Damage Information" and "Driver Information".

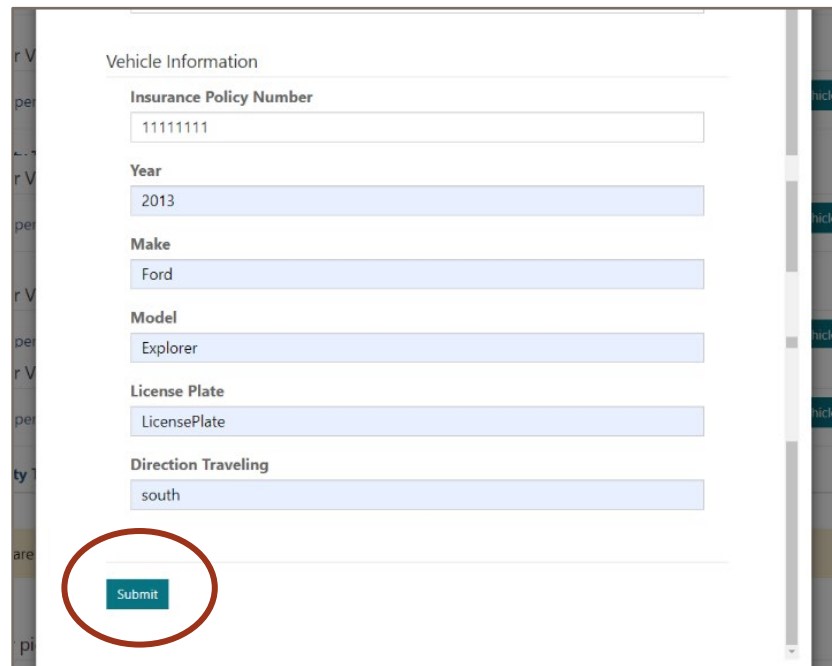
Damage Information

- Describe Damage ***: A text area containing the text "Testing Vehicle Damage".

Driver Information

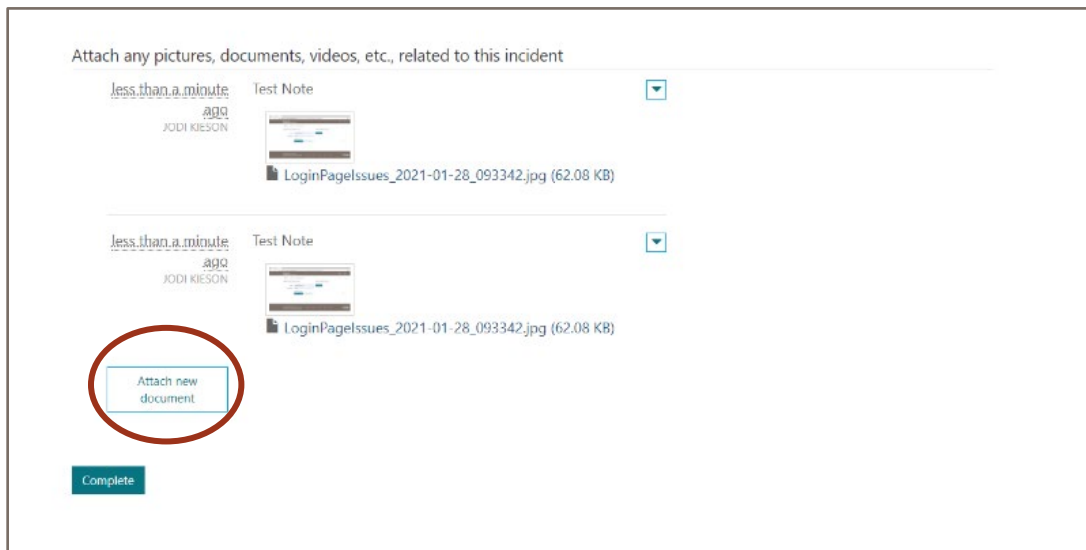
- Does the driver own the vehicle? ***: A dropdown menu with "Yes" selected.
- Driver's First Name ***: A text field with "JoTester8".
- Driver's Last Name ***: A text field with "KiesonTester8".
- Address Street 1 ***: A text field with "600 East Boulevard Avenue".
- Address Street 2**: A text field with "Dept 110, 4th Fl".
- City ***: A text field with "BISMARCK".
- State ***: A text field with "ND".
- Zip Code ***: A text field with "58505".
- Phone Number**: A text field with "(701) 328-1111".
- Email Address**: A text field with "eg.you@site.com".

Continuation of the vehicle damage screen.



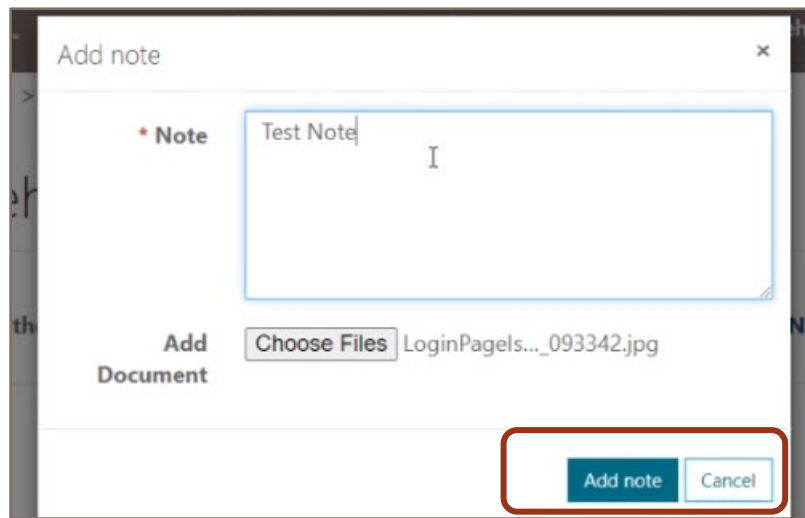
A screenshot of a web form titled "Vehicle Information". The form contains several input fields: "Insurance Policy Number" with the value "11111111", "Year" with the value "2013", "Make" with the value "Ford", "Model" with the value "Explorer", "License Plate" with the value "LicensePlate", and "Direction Traveling" with the value "south". At the bottom of the form, there is a blue "Submit" button, which is circled in red.

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



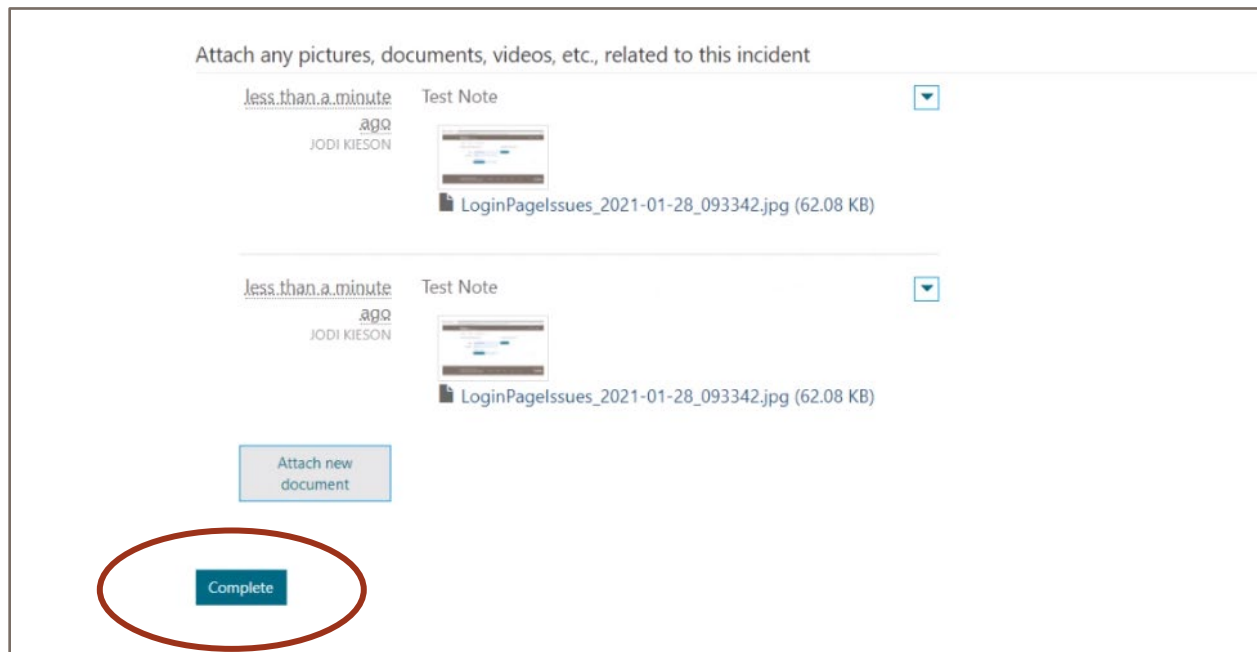
A screenshot of a web interface showing the "Attachments" section. At the top, it says "Attach any pictures, documents, videos, etc., related to this incident". Below this, there are two entries, each with a "Test Note" dropdown and a thumbnail image. The first entry shows a file named "LoginPageIssues_2021-01-28_093342.jpg (62.08 KB)". Below the second entry, there is a blue button labeled "Attach new document", which is circled in red. At the bottom left of the section, there is a blue "Complete" button.

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

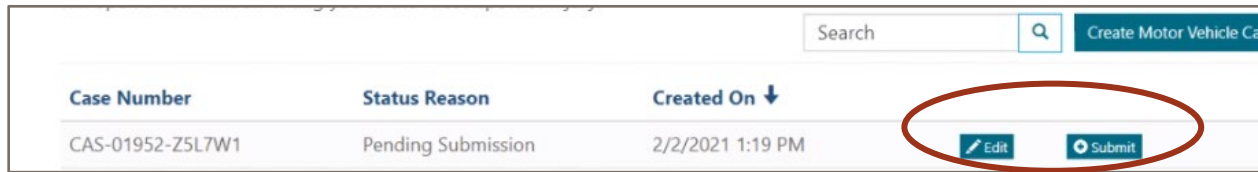
A screenshot of a web application dialog box titled "Add note". It features a text area with the placeholder text "Test Note" and a cursor. Below the text area is a "Choose Files" button. To the left of the text area is a red asterisk and the word "Note". At the bottom right, there are two buttons: "Add note" and "Cancel", which are highlighted with a red oval.

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**.

A screenshot of a web application showing a list of attachments. The header reads "Attach any pictures, documents, videos, etc., related to this incident". There are two identical entries in the list. Each entry shows a timestamp "less than a minute ago" by "JODI KIESON", a "Test Note" with a dropdown arrow, a small thumbnail image, and a file name "LoginPagelssues_2021-01-28_093342.jpg (62.08 KB)". Below the list is a button labeled "Attach new document". At the bottom left, a "Complete" button is highlighted with a red oval.

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**.

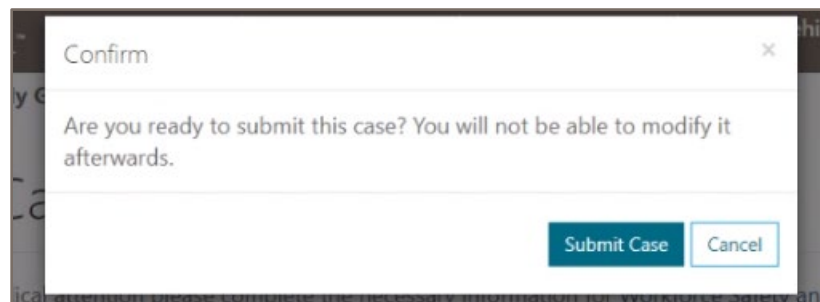


Search [Q] Create Motor Vehicle Case

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 Management.

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

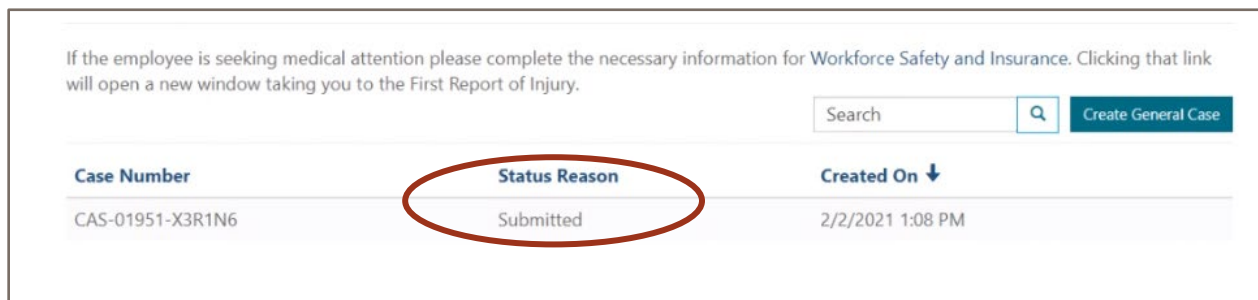


Confirm

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 [Q] 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.



1600 East Century Ave., Suite 4 • Bismarck ND 58503-6049
701.328.7584 • rminfo@nd.gov • omb.nd.gov