



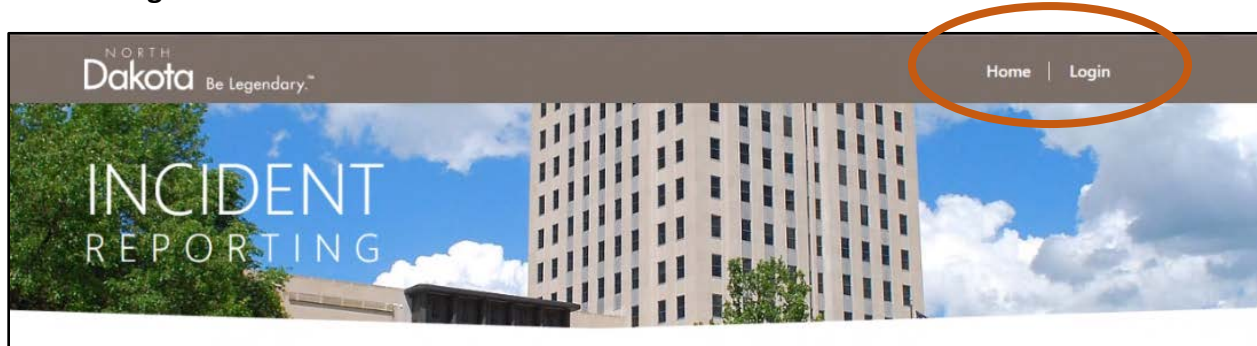
Incident Reporting Instructions

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**.



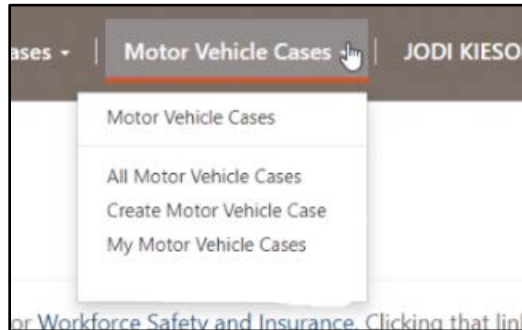
ND.GOV Login: For employees with a ND.GOV email.

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

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.

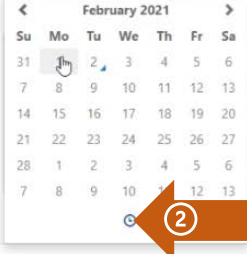
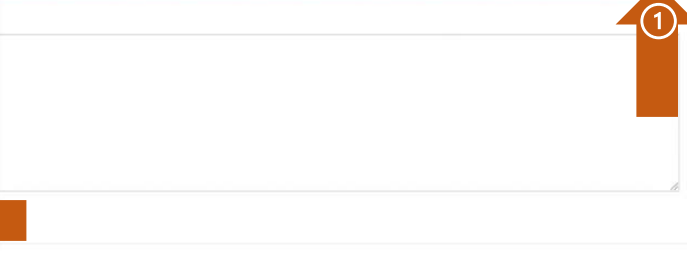
Create Motor Vehicle Case


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 *



The screenshot shows the 'Create Motor Vehicle Case' form. The 'Date/Time of Incident' field is required, indicated by an asterisk. A calendar icon (1) is located to the right of the input field, and a clock icon (2) is located below the input field. The calendar is open, showing February 2021. The 'Next' button is located at the bottom left of the form.

Adjust to the appropriate time.

Incident reports (cases) and other related records are privileged
Create General Incident

Date/Time of Incident *

01 : 07 PM

Please complete the necessary information.

Provide details on where the incident occurred.

Click **Next**.

Edit 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.

Information

Case Number The case number is automatically generated once you start a new case
CAS-01952-Z5L7W1

Department/Agency Department/Agency is generated if you previously entered a case report
32550-SOUTHEAST HUMAN SERVICE CENTER

Date/Time of Incident *
2/1/2021 1:18 PM

Where did the incident occur? * 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 screenshot shows a web form titled "State Vehicle Detail". The "Vehicle Owner *" dropdown menu is open, displaying 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 the dropdown, there are input fields for "Unit Number", "Est. Speed", "Direction Tr", and "Damage To".

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

The screenshot shows the "State Vehicle Detail" form with the following fields filled out:

- 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.

Incident Reporting

Crash Reported to Law Enforcement? *

Yes

Citations Issued?

Yes

Law Enforcement Agency

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

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 *
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.

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

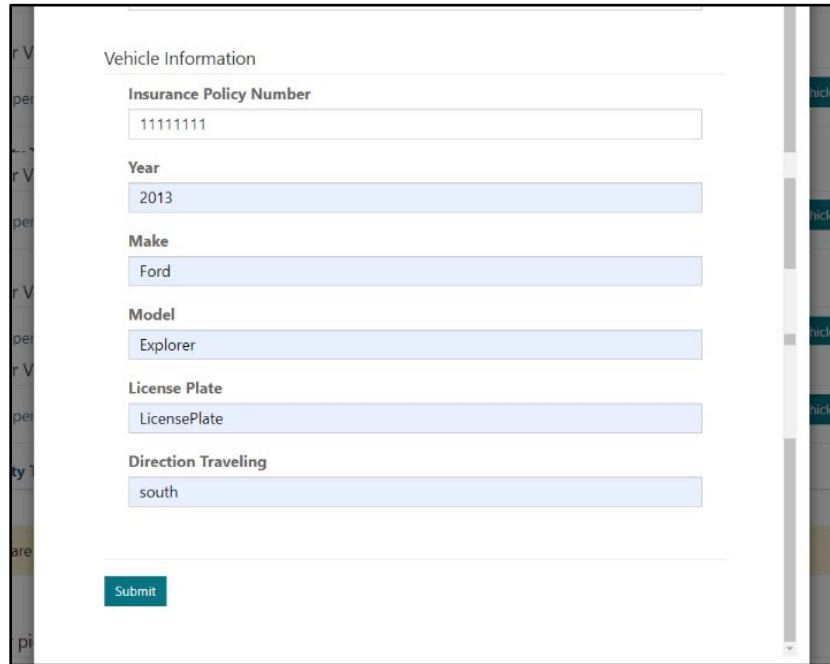
Damage Information

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

Driver Information

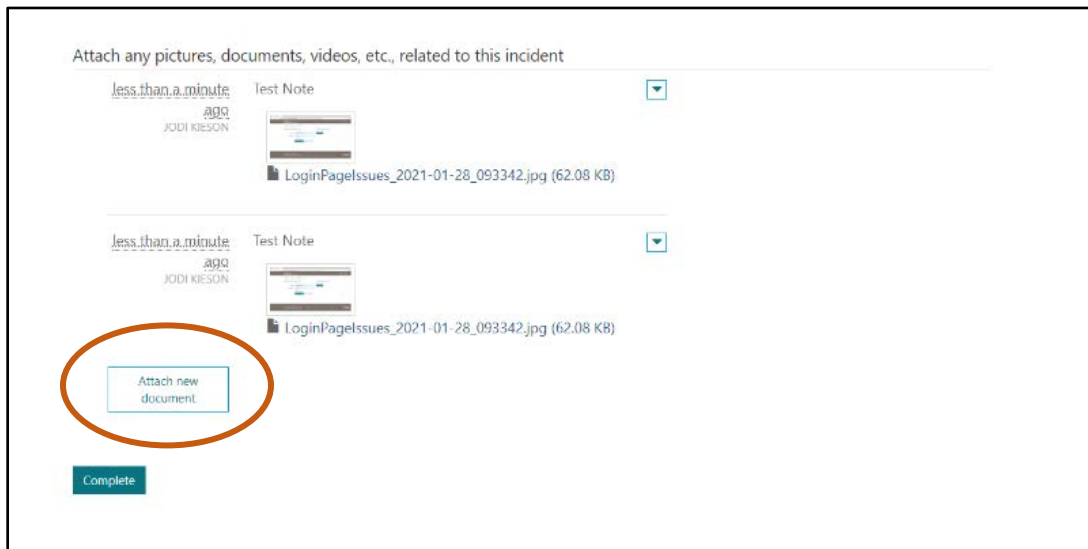
- Does the driver own the vehicle? ***: A dropdown menu with "Yes" selected.
- Driver's First Name ***: A text field containing "JoTester8".
- Driver's Last Name ***: A text field containing "KiesonTester8".
- Address Street 1 ***: A text field containing "600 East Boulevard Avenue".
- Address Street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

Continuation of the vehicle damage screen.



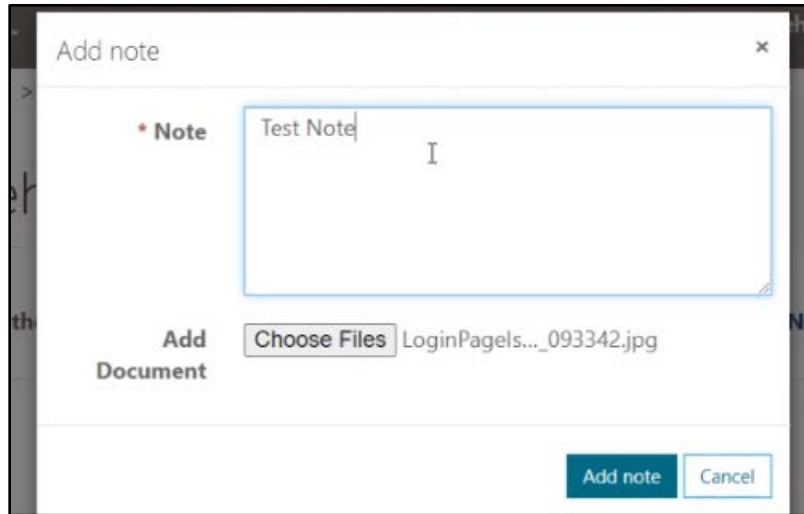
A screenshot of a web form titled "Vehicle Information". The form contains several input fields, each with a light blue background and a thin border. The fields are labeled as follows: "Insurance Policy Number" (containing "11111111"), "Year" (containing "2013"), "Make" (containing "Ford"), "Model" (containing "Explorer"), "License Plate" (containing "LicensePlate"), and "Direction Traveling" (containing "south"). Below the fields is a green "Submit" button. The form is displayed within a browser window, with some text from the previous page visible on the left edge.

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



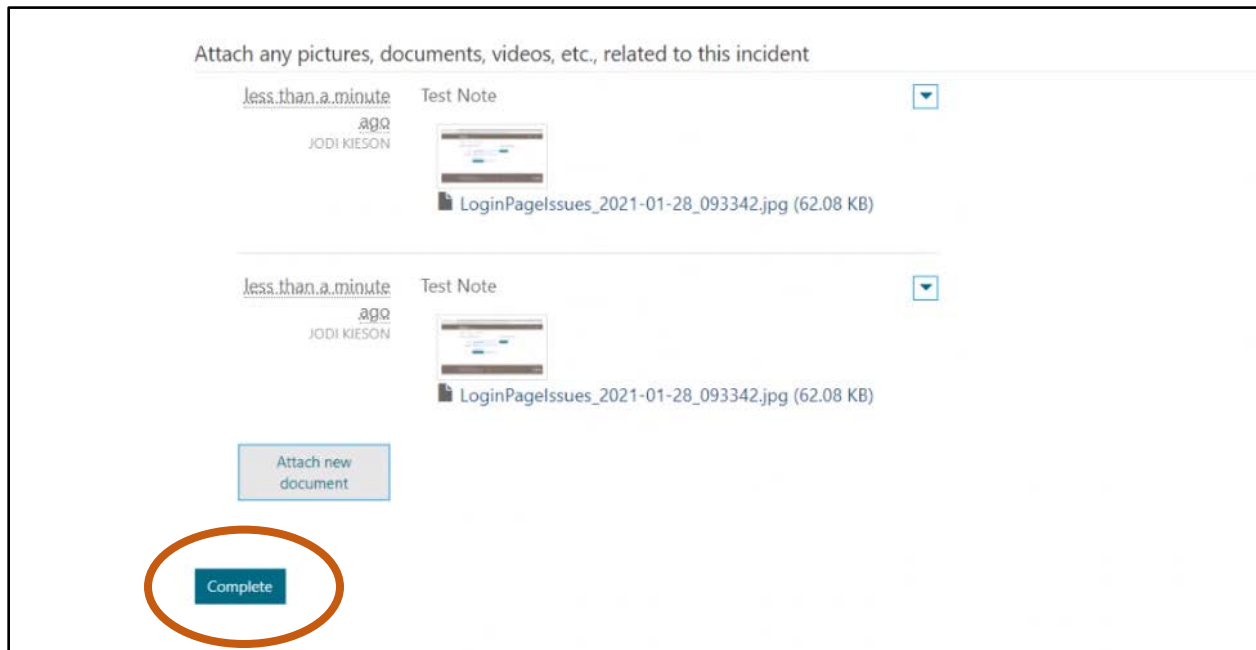
A screenshot of a web form titled "Attach any pictures, documents, videos, etc., related to this incident". The form displays two entries, each with a "Test Note" label and a dropdown arrow. Below each entry is a thumbnail image and a file name: "LoginPageIssues_2021-01-28_093342.jpg (62.08 KB)". At the bottom left, there is a button labeled "Attach new document" which is circled in orange. A green "Complete" button is located at the bottom left of the form.

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 containing the text "Test Note" with a cursor. Below the text area is a button labeled "Choose Files" followed by the text "LoginPagels..._093342.jpg". At the bottom right are two buttons: "Add note" and "Cancel".

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 interface 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" and the name "JODI KIESON". To the right of the name is a "Test Note" with a dropdown arrow. Below the name is a thumbnail image of a document and the filename "LoginPagelIssues_2021-01-28_093342.jpg (62.08 KB)". Below the list is a button labeled "Attach new document". At the bottom left, a button labeled "Complete" is circled in orange.

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 Management.

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

