

- ☑ NDDOT State Fleet Services Policy Manual states that vehicle collisions need to be investigated by law enforcement.
- ☑ All motor vehicle collisions/crashes or any type of damage (impedes the safety of driving the vehicle such as headlight, taillights, etc.) other than normal wear and tear must be reported to State Fleet Services. Normal wear and tear including such items as rock chips, minor scratches and paint chips, door dings, scratches, and dents inside the pickup boxes, cracked windshields (unless caused by a crash or something hitting it while in use)
- ☑ A Risk Management Fund Motor Vehicle case report must be completed within 24 hours of the incident. The driver of the State Fleet vehicle is required to complete the necessary report at <https://omb.nd.gov/incidentreporting>
- ☑ If you are involved in crash with another party, collect the following information for completion of the online report.

<b>Other Driver/Vehicle Information</b>	
Year	
Make	
Model	
License Plate (picture)	
First & Last Name	
Address	
City, State, Zip Code	
Phone Number	
Email Address	
Insurance Company	
Law Enforcement Agency	

- ☑ Please provide ONLY facts to law enforcement investigating the crash. If you are contacted by an insurance company, attorney, etc. pertaining to the crash, please direct them to State Fleet (701-328-1472) or OMB-Risk Management (701-328-7584). It is the policy of State Fleet and OMB-Risk Management that any additional or follow up questions from an insurance company must be presented in writing.
- ☑ If the vehicle is assigned to the agency, the driver or driver’s agency must contact the NDDOT shop foreman in your area to get the vehicle repaired. If driver has a vehicle from a Motor Pool, inform them of the damages upon returning the vehicle.

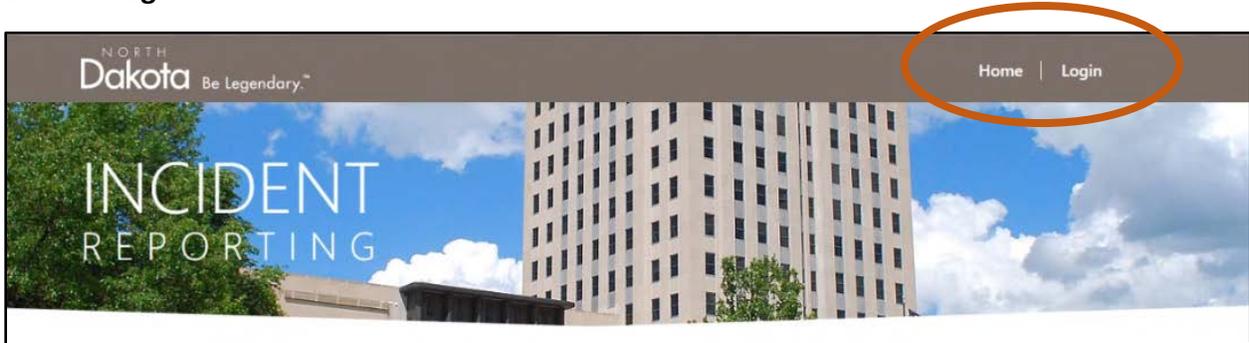
### Incident Reporting Instructions

1. Read through the Vehicle Crash/Damage Procedures
2. Click on the link <https://omb.nd.gov/incidentreporting>
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://omb.nd.gov/incidentreporting>

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.

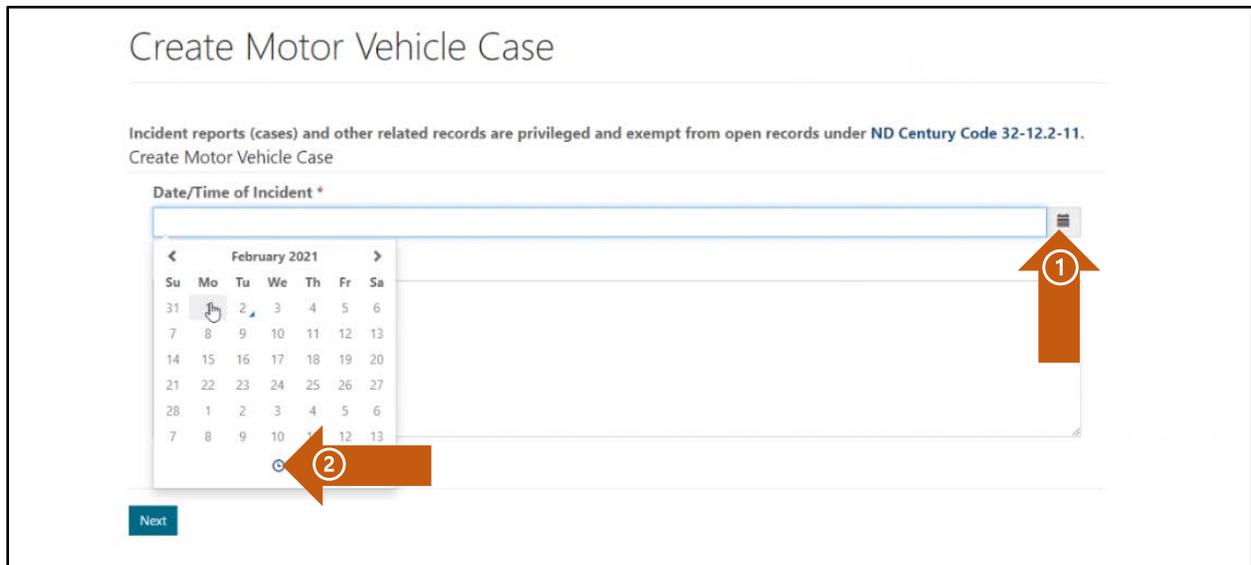
Login with a NON-ND.GOV account	Login with ND.GOV account
<p>Email <input type="text"/></p> <p>* Password <input type="password"/></p> <p><input type="checkbox"/> Remember me?</p> <p><input type="button" value="NON-ND.GOV Login"/> <input <="" p="" type="button" value="Forgot your password?"/></p>	<p>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

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

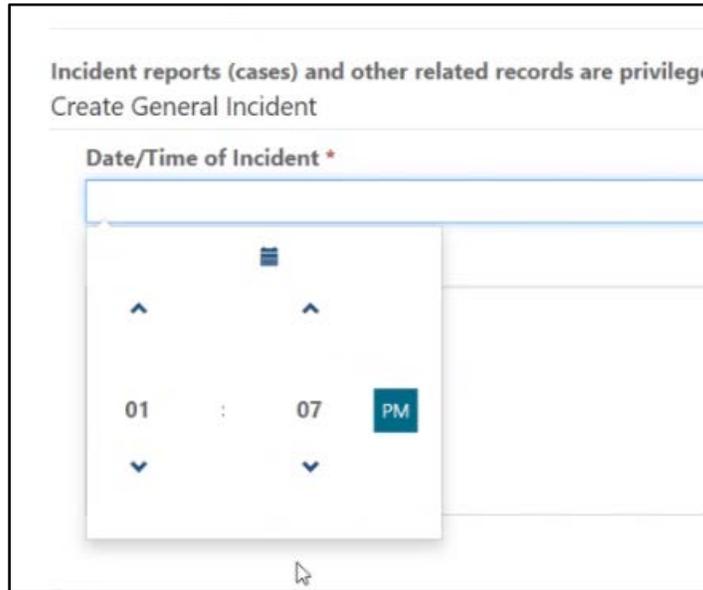


Required fields are identified with an asterisk\*.

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



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 the value "CAS-01952-Z5L7W1" and a note "The case number is automatically generated once you start a new case"; "Department/Agency" with the 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 the value "2/1/2021 1:18 PM"; and "Where did the incident occur? \*" with a text area containing the 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

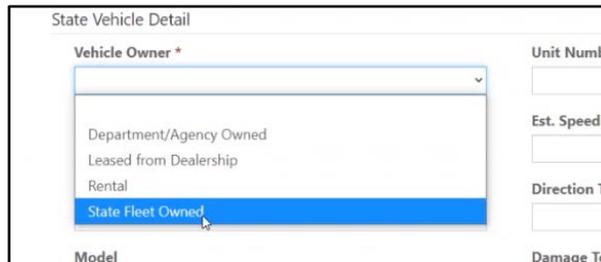
Snowplowing/Sanding

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 fields filled out:

<b>Vehicle Owner *</b> Department/Agency Owned	<b>Unit Number *</b> 2121
<b>Vehicle Dispatch Office/NDDOT Repair Location *</b> 80161-DOT-BISMARCK DISTRICT	<b>Est. Speed</b> 100
<b>Make</b> Ford	<b>Direction Traveling</b> East
<b>Model</b> Explorer	<b>Damage To Vehicle?</b> 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 the "State & Other Vehicle Passengers" section. It includes a red instruction: "All individuals involved in the incident, including the state driver, must be listed." Below this is a table with columns for "Last Name", "First Name", "Injured", and "Participant Type". A "Create Participant" button is circled in orange. The table contains one entry: "KiesonTester" (Last Name), "JODI" (First Name), "No" (Injured), and "Insurance Company" (Participant Type). There are "Edit" and "Delete" buttons next to the entry.

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

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

**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

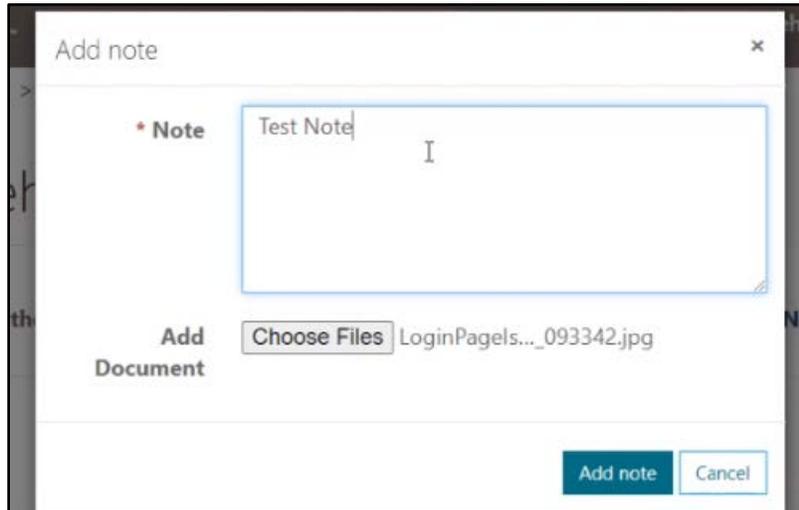
Continuation of the vehicle damage screen.

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**.

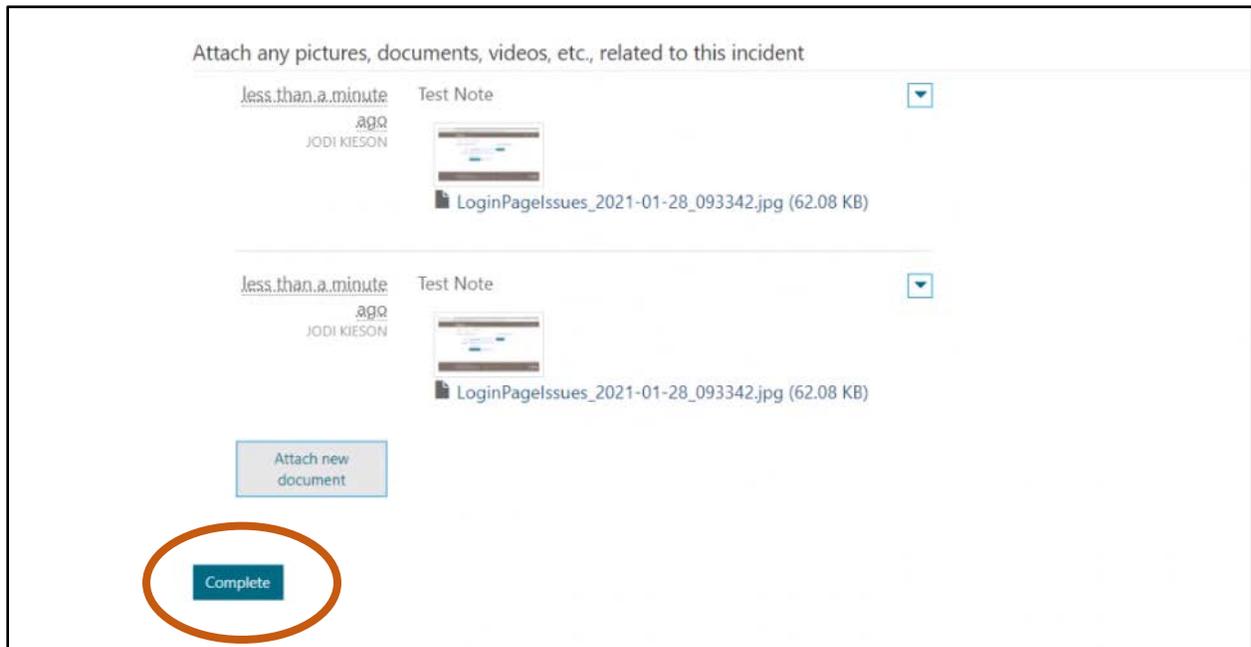
A screenshot of the "Attachments" section of a web form. At the top, it says "Attach any pictures, documents, videos, etc., related to this incident". Below this, there are two identical entries for "Test Note" by "JODI KIESON". Each entry includes a small thumbnail of a document and the filename "LoginPageIssues\_2021-01-28\_093342.jpg (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**.

