

**Desktop Reference:** Print and post at workstations to help employees choose the best form to use when reporting incidents and accidents.

FORMS TO USE WHEN REPORTING INCIDENTS & ACCIDENTS		
<b>Incident Report</b> SFN 50508	<b>Motor Vehicle Accident Report</b> SFN 51301	<b>Medical Services Incident Report</b> SFN 53601
<ul style="list-style-type: none"><li>• Incidents involving alleged:<ul style="list-style-type: none"><li>✦ injuries (to non-employees and employees); OR</li><li>✦ property damage of any type which occurred at any location/building/property owned or managed by the State; or</li><li>✦ actions by State employee(s) that caused the alleged injury or property damage.</li></ul></li><li>• Use this form to make the first report of an employee's injuries to Risk Management Workers Compensation Program.</li></ul>	<ul style="list-style-type: none"><li>• Incidents involving any type of vehicle owned or driven by the State or State employees (including permitted drivers) and causing injuries to individuals or damage to property that is not owned/managed or leased by the State.</li></ul> <p><a href="http://www.nd.gov/risk/">Online Incident Reporting www.nd.gov/risk/</a></p>	<ul style="list-style-type: none"><li>• Incidents involving any medical treatment or services provided by State employees or any injury to a third party at a State owned or managed medical facility (i.e. Human Service Centers, State Hospital, Developmental Center, Veteran's Home, or clinics).</li><li>• This form is <u>NOT</u> for reporting vehicle accidents or employee injuries (workers compensation).</li></ul>

**NOTES:**