



MODOT BBS NEAR MISS FORM

DATE: _____

NAME (not required): _____

DISTRICT WHERE NEAR MISS OCCURRED: _____

APPROXIMATE TIME OF NEAR MISS: _____

LOCATION OF NEAR MISS: _____

Please tell us about the near miss you witnessed or experienced.

Please include any pertinent details to help avoid an actual incident. However, please note that you and/or other coworkers involved may remain anonymous, if preferred.

Lined area for writing details of the near miss.