

# BOMB THREAT

|   |                             |               |  |  |  |
|---|-----------------------------|---------------|--|--|--|
| <b>PLACE THIS UNDER TELEPHONE</b>   |                             |               | <b>CALLER'S VOICE</b>  |  |  |
| <b>BE CALM, BE COURTEOUS. LISTEN, DO NOT INTERRUPT.</b>   |                             |               | <input type="checkbox"/> CALM <input type="checkbox"/> ANGRY <input type="checkbox"/> EXCITED<br><input type="checkbox"/> SLOW <input type="checkbox"/> RAPID <input type="checkbox"/> SOFT<br><input type="checkbox"/> LOUD <input type="checkbox"/> LAUGHTER <input type="checkbox"/> CRYING<br><input type="checkbox"/> NORMAL <input type="checkbox"/> DISTINCT <input type="checkbox"/> SLURRED<br><input type="checkbox"/> NASAL <input type="checkbox"/> STUTTER <input type="checkbox"/> LISP<br><input type="checkbox"/> RASPY <input type="checkbox"/> DEEP <input type="checkbox"/> RAGGED<br><input type="checkbox"/> CLEARING THROAT <input type="checkbox"/> DEEP BREATHING<br><input type="checkbox"/> CRACKING VOICE <input type="checkbox"/> DISGUISED<br><input type="checkbox"/> ACCENT <input type="checkbox"/> FAMILIAR |  |  |
| TIME CALL RECEIVED  | TIME CALL ENDED             |               |  |  |  |
| <b>QUESTIONS TO ASK:</b>  |                             |               |  |  |  |
| 1. WHEN IS BOMB GOING TO EXPLODE:   |                             |               | IF VOICE IS FAMILIAR, WHO DID IT SOUND LIKE?   |  |  |
| 2. WHERE IS IT RIGHT NOW?   |                             |               |  |  |  |
| 3. WHAT DOES IT LOOK LIKE?  |                             |               |  |  |  |
| 4. WHAT KIND OF BOMB IS IT?   |                             |               | <b>BACKGROUND SOUNDS</b>   |  |  |
| 5. WHAT WILL CAUSE IT TO EXPLODE?   |                             |               | <input type="checkbox"/> STREET NOISES <input type="checkbox"/> CROCKERY <input type="checkbox"/> VOICES<br><input type="checkbox"/> PA SYSTEM <input type="checkbox"/> MUSIC <input type="checkbox"/> HOUSE NOISES<br><input type="checkbox"/> MOTOR <input type="checkbox"/> OFFICE MACHINERY<br><input type="checkbox"/> FACTORY MACHINERY <input type="checkbox"/> ANIMAL NOISES<br><input type="checkbox"/> CLEAR <input type="checkbox"/> STATIC <input type="checkbox"/> LOCAL<br><input type="checkbox"/> LONG DISTANCE <input type="checkbox"/> BOOTH   |  |  |
| 6. DID YOU PLACE THE BOMB?  |                             |               |  |  |  |
| 7. WHY?   |                             |               | OTHER  |  |  |
| 8. WHAT IS YOUR NAME?   |                             |               |  |  |  |
| 9. WHAT IS YOUR ADDRESS?  |                             |               | <b>THREAT LANGUAGE</b>   |  |  |
| 10. ARE YOU CALLING FROM A PAY PHONE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |                             |               | <input type="checkbox"/> WELL SPOKEN (EDUCATED) <input type="checkbox"/> FOUL<br><input type="checkbox"/> IRRATIONAL <input type="checkbox"/> INCOHERENT <input type="checkbox"/> TAPED<br><input type="checkbox"/> MESSAGE READ BY THREAT MAKER   |  |  |
| 11. LOCATION AND/OR NUMBER:   |                             |               |  |  |  |
| SEX OF CALLER:<br><input type="checkbox"/> M <input type="checkbox"/> F                           | RACE OF CALLER:             | AGE OF CALLER | REMARKS:   |  |  |
| EXACT WORDING OF THREAT:  |                             |               |  |  |  |
|   |                             |               |  |  |  |
| DATE  |                             |               |  |  |  |
| NAME OF PERSON RECEIVING CALL   |                             |               |  |  |  |
| NUMBER CALL RECEIVED AT:  | REPORT CALL IMMEDIATELY TO: | TITLE         | HOME PHONE   |  |  |