

BOMB THREAT INSTRUCTIONS

Be calm, courteous and listen. Never interrupt the caller. Contact your supervisor and security immediately.

Exact Wording of the Caller

(Initial Statement)

Questions To Ask the Caller

- | | |
|---------------------------------------|--|
| 1. When is it going to explode? _____ | 5. Where did you place the bomb? _____ |
| 2. Where is it right now? _____ | 6. Why? _____ |
| 3. What does it look like? _____ | 7. What is your name? _____ |
| 4. What kind of bomb is it? _____ | 8. What is your address? _____ |

Information about the Caller

Sex:	Age:	Does voice sound familiar:	If yes, who does it sound like:
Phone number the call came from:	Phone number called:	Time of the call:	Duration of the call:

Description of Caller's Voice		Background Sounds		Caller's Language			
<input type="checkbox"/>	Calm	<input type="checkbox"/>	Lisp	<input type="checkbox"/>	Street Noises/Traffic	<input type="checkbox"/>	Well Spoken (Educated)
<input type="checkbox"/>	Angry	<input type="checkbox"/>	Raspy	<input type="checkbox"/>	Airport	<input type="checkbox"/>	Uneducated
<input type="checkbox"/>	Excited	<input type="checkbox"/>	Deep	<input type="checkbox"/>	Television	<input type="checkbox"/>	Foul
<input type="checkbox"/>	Slow	<input type="checkbox"/>	Ragged	<input type="checkbox"/>	Office Machinery	<input type="checkbox"/>	Irrational
<input type="checkbox"/>	Rapid	<input type="checkbox"/>	Clearing Throat	<input type="checkbox"/>	Voices	<input type="checkbox"/>	Rational
<input type="checkbox"/>	Soft	<input type="checkbox"/>	Deep Breathing	<input type="checkbox"/>	PA System	<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Loud	<input type="checkbox"/>	Cracking Voice	<input type="checkbox"/>	House Noises	<input type="checkbox"/>	Incoherent
<input type="checkbox"/>	Laughter	<input type="checkbox"/>	Disguised	<input type="checkbox"/>	Motors	<input type="checkbox"/>	Taped message
<input type="checkbox"/>	Crying	<input type="checkbox"/>	Accent	<input type="checkbox"/>	Animals	<input type="checkbox"/>	
<input type="checkbox"/>	Normal	<input type="checkbox"/>	Familiar	<input type="checkbox"/>	Clear/Quiet	<input type="checkbox"/>	
<input type="checkbox"/>	Distinct	<input type="checkbox"/>		<input type="checkbox"/>	Factory Machinery	<input type="checkbox"/>	
<input type="checkbox"/>	Slurred	<input type="checkbox"/>		<input type="checkbox"/>	Static	<input type="checkbox"/>	
<input type="checkbox"/>	Nasal	<input type="checkbox"/>		<input type="checkbox"/>	Restaurant/Bar	<input type="checkbox"/>	
<input type="checkbox"/>	Stutter	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Remarks:

Person Making Report: _____