

Bomb / Explosives Threat

Questions to Ask:

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

Exact Wording of Caller:

Impressions of Caller:

Sex _____ Race _____ Child _____ Young Adult _____
Accent _____ Older Adult _____

Exact Time of Call:

_____ a.m. _____ p.m.

Your Name: _____

Your DOB: _____

Your Dept.: _____

Your Phone #: _____

Report Threat to East Central University Police Department
immediately! 332-3875, 310-5555 or 911

Caller's voice:

- ___ Calm
- ___ Low Pitch
- ___ Angry
- ___ Nasal
- ___ Excited
- ___ Lisp
- ___ Slow
- ___ Raspy
- ___ Rapid
- ___ Deep
- ___ Soft
- ___ Ragged
- ___ Loud
- ___ Clearing Throat
- ___ Laughter
- ___ Deep Breathing
- ___ Crying
- ___ Cracking Voice
- ___ Normal
- ___ Disguised
- ___ Distinct
- ___ Accent
- ___ Slurred
- ___ Familiar
- ___ High Pitch

Cursing

Is voice familiar? Yes No

Background Noise:

Street Noise

Quiet

Crockery

Factory machinery

Voices

Animal Noises

PA System

Clear

Music

Static

House noises

Local

Motor

Long Distance

Office Machinery

Other _____