

## Bomb Threat Telephone Procedure

**Listen — Keep on the phone for as long as possible — do not interrupt caller except to ask:**

### Person receiving call:

Date: \_\_\_\_\_

Time of Call: \_\_\_\_\_

End of Call: \_\_\_\_\_

1. When will it go off?
2. Time remaining?
3. Where is it located?
4. What kind of bomb is it?
5. What does it look like?
6. What will cause it to explode?
7. Did you place the bomb?
8. Why?
9. What is your name?
10. What is your address?

### Caller's Identity:

Sex of caller: \_\_\_\_\_

Approximate Age: \_\_\_\_\_

### Voice Characteristics

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Loud                         | <input type="checkbox"/> Soft      |
| <input type="checkbox"/> High pitch                   | <input type="checkbox"/> Deep      |
| <input type="checkbox"/> Raspy                        | <input type="checkbox"/> Pleasant  |
| <input type="checkbox"/> Intoxicated                  | <input type="checkbox"/> Distinct  |
| <input type="checkbox"/> Nasal                        | <input type="checkbox"/> Foul      |
| <input type="checkbox"/> Fast                         | <input type="checkbox"/> Excellent |
| <input type="checkbox"/> Slow                         | <input type="checkbox"/> Good      |
| <input type="checkbox"/> Stutter                      | <input type="checkbox"/> Fair      |
| <input type="checkbox"/> Slurred                      | <input type="checkbox"/> Poor      |
| <input type="checkbox"/> Is the voice familiar? _____ |                                    |

### Origin of Call

- |  |  |
|--|--|
| <input type="checkbox"/> Local                           | <input type="checkbox"/> Long distance |
| <input type="checkbox"/> Caller ID shown                 |  |
| <input type="checkbox"/> Internal (from within building) |  |

### Accent

- |  |                                     |
|--|-------------------------------------|
| <input type="checkbox"/> Local                         | <input type="checkbox"/> Not Local  |
| <input type="checkbox"/> Foreign                       | <input type="checkbox"/> Regional   |
| <input type="checkbox"/> Racial                        | <input type="checkbox"/> Calm       |
| <input type="checkbox"/> Angry                         | <input type="checkbox"/> Rational   |
| <input type="checkbox"/> Irrational                    | <input type="checkbox"/> Coherent   |
| <input type="checkbox"/> Incoherent                    | <input type="checkbox"/> Emotional  |
| <input type="checkbox"/> Laughing                      | <input type="checkbox"/> Deliberate |
| <input type="checkbox"/> Righteous                     |                                     |
| <input type="checkbox"/> Other (Please specify:) _____ |                                     |

### Background Sounds

- |  |   |
|--|---|
| <input type="checkbox"/> Quiet                         | <input type="checkbox"/> Voices           |
| <input type="checkbox"/> Music                         | <input type="checkbox"/> Animals          |
| <input type="checkbox"/> Mixed                         | <input type="checkbox"/> Party            |
| <input type="checkbox"/> Airplanes                     | <input type="checkbox"/> Bedlam           |
| <input type="checkbox"/> Office machines               | <input type="checkbox"/> Factory machines |
| <input type="checkbox"/> Street traffic                |   |
| <input type="checkbox"/> Other (Please specify:) _____ |   |