

BOMB THREAT AID

Dhalosa County

(Place this card under your telephone)

NUMBER AT WHICH CALL IS RECEIVED

TIME OF CALL

CALL ORIGINATED FROM: (Caller ID, If applicable)

LENGTH OF CALL

TIME OF CALL

QUESTIONS TO ASK

1. When is the bomb going to explode?

2. Where is it right now?

3. What does it look like?

4. What kind of bomb is it?

5. What will cause it to explode?

6. Did you place the bomb?

7. Why?

8. Where are you?

9. What is your name?

EXACT WORDING OF THE THREAT

EMERGENCY PROCEDURES:

CALL 911

FOLLOW FIRE EVACUATION PLAN WHEN
DIRECTED

BOMB THREAT

(Front)

CALLER'S SEX	AGE	ACCENT
CALLER'S VOICE		
<input type="checkbox"/> Calm	<input type="checkbox"/> Crying	<input type="checkbox"/> Deep
<input type="checkbox"/> Angry	<input type="checkbox"/> Normal	<input type="checkbox"/> Ragged
<input type="checkbox"/> Excited	<input type="checkbox"/> Distinct	<input type="checkbox"/> Clearing Throat
<input type="checkbox"/> Slow	<input type="checkbox"/> Slurred	<input type="checkbox"/> Deep Breathing
<input type="checkbox"/> Rapid	<input type="checkbox"/> Nasal	<input type="checkbox"/> Crackling voice
<input type="checkbox"/> Soft	<input type="checkbox"/> Stutter	<input type="checkbox"/> Disguised
<input type="checkbox"/> Loud	<input type="checkbox"/> Lisp	<input type="checkbox"/> Foreign
<input type="checkbox"/> Laughing	<input type="checkbox"/> Raspy	<input type="checkbox"/> Familiar
If voice sounded familiar, whose voice did it sound like?		
BACKGROUND SOUNDS		
<input type="checkbox"/> Street (cars, buses, etc.)	<input type="checkbox"/> Animal noises	
<input type="checkbox"/> Airplanes	<input type="checkbox"/> Clear	
<input type="checkbox"/> Voices	<input type="checkbox"/> Static	
<input type="checkbox"/> PA System	<input type="checkbox"/> Local call	
<input type="checkbox"/> Music	<input type="checkbox"/> Long distance call	
<input type="checkbox"/> Houses (Dishes, TV, etc.)	<input type="checkbox"/> Phone booth	
<input type="checkbox"/> Motor (Fan, Air Conditioner, etc.)	<input type="checkbox"/> Other (specify)	_____
<input type="checkbox"/> Office Machinery		_____
<input type="checkbox"/> Factory Machinery		
LANGUAGE		
<input type="checkbox"/> Well spoken (educated)	<input type="checkbox"/> Irrational	<input type="checkbox"/> Taped message
<input type="checkbox"/> Foul	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Message read by threat maker
REMARKS		
NAME		
JOB TITLE/ OFFICE		
PHONE NUMBER	DATE	
Additional Office/Section Requirements)		

(Back)