



BOMB THREAT REPORT

In case of a Bomb Threat, immediately email:
 Jon Johnston Executive Director, Administrative Services: jon.johnston@lifewaysmi.org
 and report the incident to your supervisor.

Refer to this form when asking questions of the caller. Try to keep the caller talking for as long as possible.

| | | | |
|---|---------------------------------------|--|--|
| Exact Wording of Threat: <i>[Box below will expand as you type]</i> | | | |
| | | | |
| When Is Bomb Going to Explode? | | | |
| Where Is It? | | | |
| What Does It Look Like? | | | |
| What Kind of Bomb Is It? | | | |
| What Will Cause It To Explode? | | | |
| Did You Place the Bomb? | | | |
| Why? | | | |
| What Is Your Name/Address? | | | |
| Sex of Caller: | Age: | Length of Call: | |
| Caller's Voice: If Familiar, Who Did It Sound Like? | | | |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Laughing | <input type="checkbox"/> Lisp | <input type="checkbox"/> Accent |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Crying | <input type="checkbox"/> Raspy | <input type="checkbox"/> Educated |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Normal | <input type="checkbox"/> Deep | <input type="checkbox"/> Foul |
| <input type="checkbox"/> Slow | <input type="checkbox"/> Distinct | <input type="checkbox"/> Ragged | <input type="checkbox"/> Irrational |
| <input type="checkbox"/> Rapid | <input type="checkbox"/> Slurred | <input type="checkbox"/> Clearing Throat | <input type="checkbox"/> Incoherent |
| <input type="checkbox"/> Soft | <input type="checkbox"/> Nasal | <input type="checkbox"/> Deep Breathing | <input type="checkbox"/> Taped |
| <input type="checkbox"/> Loud | <input type="checkbox"/> Stutter | <input type="checkbox"/> Disguised | |
| Background Sounds: | | | |
| <input type="checkbox"/> Street Noises | <input type="checkbox"/> Music | <input type="checkbox"/> Office Machinery | <input type="checkbox"/> Clear |
| <input type="checkbox"/> Voices | <input type="checkbox"/> House Noises | <input type="checkbox"/> Factory Machinery | <input type="checkbox"/> Static |
| <input type="checkbox"/> PA System | <input type="checkbox"/> Motor | | <input type="checkbox"/> Animal Noises |
| Remarks: <i>[Box below will expand as you type]</i> | | | |
| | | | |
| Completed by: | | Date: | Time: |
| Reported To: | | Date: | Time: |