

BOMB THREAT REPORT

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:			
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:			
Completed By:		Date:	Time:
Reported To:		Date:	Time: