BOMB THREAT REPORT

Name of operator, or person receiving call_____

Date of call_____   **Time**_____

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?   _____

Origin of Call:

Local_____   Long Distance_____

Internal_____   Phone Booth:_____

Identity of Caller
Check appropriate boxes

Voice:

Male	□	Female	□	Loud	□	Soft	□
Pleasant	□	Nasal	□	Poor	□	High-Pitched	□

Other: _____

Speech

Fast	□	Slow	□	Distant	□	Distorted	□
Stutter:	□	Other	□				

Language   **Accent:**

Good	□	Foul	□	Local	□	Foreign	□
Type: _____				Ethnicity	□	Regional	□

Manner

Calm	□	Angry	□	Rational	□	Irrational	□
Coherent	□	Incoherent	□	Emotional	□	Deliberate	□
Righteous	□	Nervous Laugh	□				

Background Noise

Voices □	□	Street Traffic	□	Office Machines	□
Trains	□	Factory Machines	□	Music Animals	□
Quiet	□	Airplanes	□		

Who did you inform about the call? _____

As well as you can, write what the caller said. _____