

BOMB THREAT CONTACT SHEET

COMPLETE AS FULLY AS POSSIBLE – REMAIN CALM – KEEP THE PERSON TALKING – WRITE DOWN ALL INFORMATION – HAVE ANOTHER STAFF MEMBER LISTEN IN SILENTLY, IF POSSIBLE

TIME CALL RECEIVED _____

TIME CALL TERMINATED _____

QUESTIONS TO ASK:

1. When is 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. The college is occupied; why would you want to kill someone?
9. What is your address?
10. What is your name?

Sex of the Caller: _____

Age: _____

Race / Nationality: _____

Number at which call is received: _____

EXACT WORDING OF THE THREAT: _____

CALLER'S VOICE:

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Nasal |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Stutter |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Lisp |
| <input type="checkbox"/> Slow | <input type="checkbox"/> Raspy |
| <input type="checkbox"/> Rapid | <input type="checkbox"/> Deep |
| <input type="checkbox"/> Soft | <input type="checkbox"/> Ragged |
| <input type="checkbox"/> Loud | <input type="checkbox"/> Clearing Throat |
| <input type="checkbox"/> Laughter | <input type="checkbox"/> Deep Breathing |
| <input type="checkbox"/> Crying | <input type="checkbox"/> Cracking Voice |
| <input type="checkbox"/> Normal | <input type="checkbox"/> Disguised |
| <input type="checkbox"/> Distinct | <input type="checkbox"/> Accent |
| <input type="checkbox"/> Slurred | <input type="checkbox"/> Familiar |
| <input type="checkbox"/> Whispered | |

BACKGROUND SOUNDS:

- | | |
|---|--|
| <input type="checkbox"/> Street Noise | <input type="checkbox"/> Factory Machinery |
| <input type="checkbox"/> Dishes | <input type="checkbox"/> Animal Noises |
| <input type="checkbox"/> Voices | <input type="checkbox"/> Clear |
| <input type="checkbox"/> PA system | <input type="checkbox"/> Static |
| <input type="checkbox"/> Music | <input type="checkbox"/> Local |
| <input type="checkbox"/> Housing Noises | <input type="checkbox"/> Long Distance |
| <input type="checkbox"/> Motor | <input type="checkbox"/> Booth |
| <input type="checkbox"/> Office Machinery | |

If the voice is familiar, who did it sound like? _____

Other Background Sounds: _____

THREAT LANGUAGE:

- | | |
|---|---|
| <input type="checkbox"/> Well Spoken (Educated) | <input type="checkbox"/> Incoherent |
| <input type="checkbox"/> Foul | <input type="checkbox"/> Taped |
| <input type="checkbox"/> Irrational | <input type="checkbox"/> Message Read by Threat Maker |

REMARKS: _____

REPORT TO THE SHIFT SUPERVISOR IMMEDIATELY

Reported To: _____ Time: _____

Call Received By (Print): _____

Recipient Signature: _____

Witness (Print): _____

Witness Signature: _____

Date of Call: _____

THIS CARD ASSIGNED TO EXTENSION: _____