

BOMB THREAT CONTINUED

Name: _____ Date: _____

Department: _____ Time: _____

BOMB FACTS:

When will it explode? Specific Time: _____

Where is it located? Building: _____ Area: _____

What kind of bomb? _____

How did you become aware of the threat? _____

Did caller appear familiar with the campus by the description of the bomb location? Yes No

Write out the bomb threat in its entirety in the Comment Section of this checklist.

Please select as much information as possible below.

CALLER'S IDENTITY

Male Female Adult Juvenile Approximate Age: _____

ORIGIN OF CALL

Local Long Distance Internal (From inside of building) if internal, note extension

VOICE CHARACTERISTICS

Loud High Pitch Raspy Intoxicated Soft Deep Pleasant

SPEECH

Fast Distinct Stutter Slow Distorted Nasal Pleasant

LANGUAGE

Excellent Good Fair Poor Foul

ACCENT

Local Foreign Race Not local region

MANNER

Calm Angry Rational Irrational Coherent Incoherent

Righteous Laughing Deliberate Emotional

BACKGROUND NOISES

Factory Machinery Trains Animals Music Office Machinery

Quiet Voices Airplanes Party Atmosphere Street Traffic

Comments: _____