



BOMB THREAT

State Form 24353 (R / 5-13)



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. What is your address?
- 9. What is your name?

EXACT WORDING OF THE THREAT:

Sex of caller: _____ Race: _____

Age: _____ Length of call: _____

Number at which call was received:

Time: _____ Date: ____/____/____

CALLER'S VOICE:

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

If voice is familiar, who did it sound like?

BACKGROUND SOUNDS:

- | | | |
|---------------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> Street | <input type="checkbox"/> Voices | <input type="checkbox"/> Music |
| <input type="checkbox"/> Office | <input type="checkbox"/> PA System | <input type="checkbox"/> Animal |
| <input type="checkbox"/> Household | <input type="checkbox"/> Machinery | <input type="checkbox"/> Motor |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Clear | <input type="checkbox"/> Static |
| <input type="checkbox"/> Other: _____ | | |

THREAT LANGUAGE:

- | | | |
|---|--------------------------------|-------------------------------------|
| <input type="checkbox"/> Well Spoken | <input type="checkbox"/> Foul | <input type="checkbox"/> Incoherent |
| <input type="checkbox"/> Irrational | <input type="checkbox"/> Taped | |
| <input type="checkbox"/> Message read by threat maker | | |

REMARKS:

REPORT CALL IMMEDIATELY TO:

Telephone number: 1-800-622-4962

Date: _____/_____/_____

Name: _____

Position: _____

Telephone number: _____