

Bomb Threat Telephone Procedures

Date: _____ **Time:** A.M. P.M. **Duration:** _____

Exact wording of the threat:

What time will the bomb explode?

Where is it?

What does it look like and what will cause it to explode?

Where are you calling from?

Why did you place the bomb?

What is your name?

Gender	Accent	Voice	Speech	Pronunciation	Manner
<input type="checkbox"/> Male	<input type="checkbox"/> English	<input type="checkbox"/> Loud	<input type="checkbox"/> Fast	<input type="checkbox"/> Good	<input type="checkbox"/> Emotional
<input type="checkbox"/> Female	<input type="checkbox"/> French	<input type="checkbox"/> Soft	<input type="checkbox"/> Slow	<input type="checkbox"/> Nasal	<input type="checkbox"/> Calm
Estimated Age:				<input type="checkbox"/> Lisp	<input type="checkbox"/> Vulgar

Background Noises:

Voice was familiar (specify)

Caller was familiar with the area (specify)

