

EXACT WORDING OF THE THREAT:

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Questions to ask:

1. When is the 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?

Gender of caller: \_\_\_\_\_ Race: \_\_\_\_\_

Age: \_\_\_\_\_ Length of call: \_\_\_\_\_

Number at which call was received: \_\_\_\_\_

Time: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Caller's Voice

- |                 |                       |
|-----------------|-----------------------|
| _____ Calm      | _____ Nasal           |
| _____ Angry     | _____ Stutter         |
| _____ Excited   | _____ Lisp            |
| _____ Slow      | _____ Raspy           |
| _____ Rapid     | _____ Deep            |
| _____ Soft      | _____ Ragged          |
| _____ Loud      | _____ Clearing throat |
| _____ Laughter  | _____ Deep breathing  |
| _____ Crying    | _____ Cracking voice  |
| _____ Normal    | _____ Disguised       |
| _____ Distinct  | _____ Accent          |
| _____ Slurred   | _____ Familiar        |
| _____ Whispered |                       |

If the voice was familiar, who did it sound like?

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**BACKGROUND SOUNDS:**

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|---|--|
| <input type="checkbox"/> Street noises    | <input type="checkbox"/> Factory machinery |
| <input type="checkbox"/> Crockery         | <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"/> House noises     | <input type="checkbox"/> Long distance     |
| <input type="checkbox"/> Motor            | <input type="checkbox"/> Booth             |
| <input type="checkbox"/> Office Machinery | <input type="checkbox"/> Other:            |
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**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 |

REMARKS: \_\_\_\_\_

**REPORT CALL IMMEDIATELY TO CAMPUS SECURITY or the Dean On-Call**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**DO NOT GIVE INFORMATION TO ANYONE –CALL 7-1-309-337-5713**