

BOMB THREAT AID

Okaloosa County

(Place this card under your telephone)

NUMBER AT WHICH CALL IS RECEIVED

LENGTH OF CALL

TIME OF CALL

DATE OF CALL

EXACT WORDING OF THE THREAT

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. Where are you?

9. What is your name?

EMERGENCY PROCEDURES:

1) CALL 911

2) EVACUATE WHEN DIRECTED

**BOMB
THREAT**

CALLER'S SEX	AGE	ACCENT
CALLER'S VOICE		
<input type="checkbox"/> Calm <input type="checkbox"/> Angry <input type="checkbox"/> Excited <input type="checkbox"/> Slow <input type="checkbox"/> Rapid <input type="checkbox"/> Soft <input type="checkbox"/> Loud <input type="checkbox"/> Laughing	<input type="checkbox"/> Crying <input type="checkbox"/> Normal <input type="checkbox"/> Distinct <input type="checkbox"/> Slurred <input type="checkbox"/> Nasal <input type="checkbox"/> Stutter <input type="checkbox"/> Lisp <input type="checkbox"/> Raspy	<input type="checkbox"/> Deep <input type="checkbox"/> Ragged <input type="checkbox"/> Clearing Throat <input type="checkbox"/> Deep Breathing <input type="checkbox"/> Cracking Voice <input type="checkbox"/> Disguised <input type="checkbox"/> Foreign <input type="checkbox"/> Familiar
If voice sounded familiar, whose voice did it sound like?		
BACKGROUND SOUNDS		
<input type="checkbox"/> Street (Cars, buses, etc.) <input type="checkbox"/> Airplanes <input type="checkbox"/> Voices <input type="checkbox"/> PA System <input type="checkbox"/> Music <input type="checkbox"/> Houses (Dishes, TV, etc.) <input type="checkbox"/> Motor (Fan, A/C, etc.) <input type="checkbox"/> Office Machinery	<input type="checkbox"/> Animal Noises <input type="checkbox"/> Clear <input type="checkbox"/> Static <input type="checkbox"/> Local Call <input type="checkbox"/> Long Distance Call <input type="checkbox"/> Phone Booth <input type="checkbox"/> Other (Specify) _____	
LANGUAGE		
<input type="checkbox"/> Well Spoken <input type="checkbox"/> Foul Language	<input type="checkbox"/> Irrational <input type="checkbox"/> Incoherent	<input type="checkbox"/> Taped Message <input type="checkbox"/> Message Read
LOCATION WHERE THREAT WAS RECEIVED		
NAME OF EMPLOYEE RECEIVED THREAT		
JOB TITLE/ OFFICE		
PHONE NUMBER	DATE	
REMARKS		