

BOMB THREAT REPORT FORM

REQUIRED INFORMATION:		
What is your name?		
Office or room number:		
What campus are you at?		
Phone number threat was received on:		
DETAILS:		
When will the bomb explode?		
Where is it located?		
Why did you place the bomb?		
What does the bomb look like?		
Where are you calling from?		
Other comments:		
EXACT WORDING OF THREAT:		
CALL RECEIVED:		
Date/Time:		
Length of Call (minutes):		
Call Display Number:		
CALLER CHARACTERISTICS:		
Gender:		
Estimated Age:		
Threat was (spoken, written, recorded/automated):		
SPEAKING STYLE: (circle all that apply)		
Accented	Angry	Articulate (Educated)
Heavy Breathing	Calm	Clearing Throat
Cracking	Crude (Foul Language)	Crying
Deep	Distinct	Distinguished
Excited	Familiar	Incoherent
Laughing	Lisp	Loud
Nasal	Normal	Ragged
Rapid	Raspy	Slow
Slurred	Soft	Stutter
If accented, describe:		
If familiar, how?		
Other comments:		
BACKGROUND NOISES: (circle all that apply)		
Motor	Street Noises	Music
House (Domestic) Noises	PA System	Office (Business) Noises
Static	Silent (Caller Only)	Voices
Other comments:		