

BOMB THREAT CARD

For use of this form, see Fort Knox OPLAN 4-08

PLACE THIS CARD UNDER YOUR TELEPHONE

1. EXACT WORDING OF THE THREAT:

2. QUESTIONS TO ASK:

When is the bomb going to explode?

Where is the bomb located at this time?

What does it look like?

What kind of bomb is it?

What will cause it to explode?

Did you place the bomb?

Why?

What is your address?

What is your name?

3. CALLER:

Sex of caller: Male Female

Race: _____ Age: _____

4. TELEPHONE CALL DETAILS:

Number call is received at: _____

Length of call: _____

Date call received: (DD/MM/YY) _____

Time call received: _____

5. CALLER'S VOICE:

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

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

6. BACKGROUND SOUNDS:

- | | | |
|--|--|--|
| <input type="checkbox"/> Street noises | <input type="checkbox"/> House noises | <input type="checkbox"/> Clear |
| <input type="checkbox"/> Crockery | <input type="checkbox"/> Motor | <input type="checkbox"/> Static |
| <input type="checkbox"/> Voices | <input type="checkbox"/> Office machinery | <input type="checkbox"/> Local |
| <input type="checkbox"/> PA System | <input type="checkbox"/> Factory machinery | <input type="checkbox"/> Long distance |
| <input type="checkbox"/> Music | <input type="checkbox"/> Animal noises | <input type="checkbox"/> Booth |
| <input type="checkbox"/> Other (List): _____ | | |

7. 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 by threat maker |

Remarks: _____

8. REPORT CALL IMMEDIATELY TO 9-1-1.

Date phone call made to 9-1-1: _____

Name of individual you spoke to: _____

Position of individual you spoke to: _____