

Bomb Threat Card

Questions to Ask Caller

When is the bomb going to explode?

Where is the bomb right now?

What kind of bomb is it?

What type of explosive is it?

Why are you doing this?

Who are you?

What does the bomb look like?

Where are you now?

What will cause it to explode?

How do you deactivate the device?

Did you place the bomb?

If not, who did?

Inform the caller the detonation of an explosive device may cause injury and death to innocent people.

Exact wording of the threat.

Phone number the call was received from:

Length of the call:

Time of the call:

Date of the call:

Call 911

**Notify the Emergency Response Team by hitting the nearest
Alertus Button**

Your Information

Name:

Position:

Phone:

Caller Information

Gender: ☐ Male ☐ Female

Caller's Voice

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Nasal |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Stutter |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Lisp |
| <input type="checkbox"/> Slow | <input type="checkbox"/> Raspy |
| <input type="checkbox"/> Rapid | <input type="checkbox"/> Deep |
| <input type="checkbox"/> Soft | <input type="checkbox"/> Ragged |
| <input type="checkbox"/> Loud | <input type="checkbox"/> Clearing Throat |
| <input type="checkbox"/> Laughing | <input type="checkbox"/> Deep Breathing |
| <input type="checkbox"/> Crying | <input type="checkbox"/> Cracking Voice |
| <input type="checkbox"/> Normal | <input type="checkbox"/> Disguised |
| <input type="checkbox"/> Distinct | <input type="checkbox"/> Muffled |
| <input type="checkbox"/> Slurred | <input type="checkbox"/> Foreign |
| <input type="checkbox"/> Impediment | <input type="checkbox"/> Familiar |
| <input type="checkbox"/> Broken | <input type="checkbox"/> Intoxicated |

Background Noises?

- | | |
|---|---|
| <input type="checkbox"/> Street Traffic | <input type="checkbox"/> Animal Noises |
| <input type="checkbox"/> Airplanes | <input type="checkbox"/> Clear |
| <input type="checkbox"/> Voices | <input type="checkbox"/> Static |
| <input type="checkbox"/> PA System | <input type="checkbox"/> Local Call |
| <input type="checkbox"/> Music | <input type="checkbox"/> Long Distance Call |
| <input type="checkbox"/> House | <input type="checkbox"/> Cellular Call |
| <input type="checkbox"/> Motor | <input type="checkbox"/> Phone Booth |
| <input type="checkbox"/> Office | <input type="checkbox"/> Laughing |
| <input type="checkbox"/> Factory | <input type="checkbox"/> Typing |
| <input type="checkbox"/> Trains | <input type="checkbox"/> |

Language

- | | |
|--|--|
| <input type="checkbox"/> Well Spoken | <input type="checkbox"/> Incoherent |
| <input type="checkbox"/> Foul/Profane | <input type="checkbox"/> Taped Message |
| <input type="checkbox"/> Message Read by
Caller | <input type="checkbox"/> Irrational |