Explosive Device Data Record:

(please copy this page for filling in information)

Questions to ask:

1. When is explosive device set to explode?
2. Where is it right now?
3. What does it look like?
4. What kind of explosive device is it?
5. What will cause it to explode?
6. Did you place the explosive device?
7. Why?
8. What is your address?
9. What is your name?

Exact wording of the threat:

________________________________________
________________________________________
________________________________________
________________________________________
________________________________________

Sex of caller: M F

Race/Nationality:_____________

Age:______

Length of call:_______

Number at which call is received:

________________________________________

Remarks:

________________________________________

Caller’s Voice:
(circle applicable terms)

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

If voice is familiar, who did it sound like?

___________________________

Background Sounds:

Street noises Animal noises
House noises Voices
PA system Static
Music Clear
Office machinery Phone booth
Factory machinery Other

Threat Language:

Well spoken Incoherent
(educated) Taped
Foul Message read
Irrational by threat maker

IMMEDIATELY CALL 9-1-1

Give responding officers this completed sheet.

Date:______________________        Name:_______________________
Phone #:___________________    Position:_____________________

Remarks:

________________________________________