

CSUF University Police BOMB THREAT CALLER REPORT

QUESTIONS TO ASK:

1. When is 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. What is your name?
9. What is your address?

Exact wording of the threat

Sex of Caller: _____ Race: _____ Age: _____

Length of Call: _____ Number at which call was received: _____

Time: _____ Date: _____

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"/> LAUGHTER | <input type="checkbox"/> CLEAR THROAT |
| <input type="checkbox"/> CRYING | <input type="checkbox"/> DEEP BREATHING |
| <input type="checkbox"/> NORMAL | <input type="checkbox"/> DISGUISED |
| <input type="checkbox"/> DISTINCT | <input type="checkbox"/> ACCENT |
| <input type="checkbox"/> SLURRED | <input type="checkbox"/> FAMILIAR |

If voice is familiar, who did it sound like? _____

REPORT CALL IMMEDIATELY TO:

REMARKS:

BACKGROUND SOUNDS

- | | |
|--|---------------------------------|
| <input type="checkbox"/> STREET NOISES | <input type="checkbox"/> VOICES |
| <input type="checkbox"/> FACTORY MACHINERY | |
| <input type="checkbox"/> PA SYSTEM | <input type="checkbox"/> STATIC |
| <input type="checkbox"/> ANIMAL NOISES | |
| <input type="checkbox"/> MUSIC | <input type="checkbox"/> CLEAR |
| <input type="checkbox"/> HOUSE NOISES | |
| <input type="checkbox"/> OFFICE MACHINERY | |
| <input type="checkbox"/> STATIC | <input type="checkbox"/> LOCAL |
| <input type="checkbox"/> LONG DISTANCE | |
| <input type="checkbox"/> BOOTH | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> ANIMAL NOISES | |

THREAT LANGUAGE:

- | | |
|---|--------------------------------|
| <input type="checkbox"/> WELL SPOKEN | <input type="checkbox"/> TAPED |
| <input type="checkbox"/> (EDUCATED) | <input type="checkbox"/> FOUL |
| <input type="checkbox"/> MESSAGE READ BY THREAT MAKER | |
| <input type="checkbox"/> INCOHERENT | |
| <input type="checkbox"/> IRRATIONAL | |

PHONE NUMBER

DATE:

NAME:

POSITION:
