



BOMB THREAT FORM

CLARKSDALE MUNICIPAL SCHOOL DISTRICT

INSTRUCTIONS:

1. Attempt to keep the caller talking.
2. Calmly ask caller the questions below.
3. Complete form as detailed as possible.
4. Key #XX on phone for ID of caller.

DATE: _____

TIME RECEIVED: _____

TIME ENDED: _____

RECEIVED BY: _____

EXACT WORDS OF CALLER: _____

QUESTIONS TO ASK

WHEN IS THE BOMB GOING TO EXPLODE? _____

WHERE IS THE BOMB LOCATED? _____

WHAT KIND OF BOMB IS IT? _____

WHAT DOES IT LOOK LIKE? _____

WHY DID YOU PLACE IT? _____

COMMENTS: _____

DESCRIPTION OF CALLER'S VOICE

INITIAL IMPRESSION:

- | | | | | | |
|--|--------------------------------|---------------------------------------|-------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Male Voice | <input type="checkbox"/> Young | <input type="checkbox"/> Loud Voice | <input type="checkbox"/> High Pitch | <input type="checkbox"/> Slow Talking | <input type="checkbox"/> Concealed |
| <input type="checkbox"/> Female Accent | <input type="checkbox"/> Old | <input type="checkbox"/> Silent Voice | <input type="checkbox"/> Low Pitch | <input type="checkbox"/> Fast Talking | <input type="checkbox"/> Intoxicated |

MANNER

- | | | | |
|----------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Rational | <input type="checkbox"/> Coherent | <input type="checkbox"/> Deliberate |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Irrational | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Emotion |
| <input type="checkbox"/> Fanatic | <input type="checkbox"/> Laughing | | |

LANGUAGE

- | |
|--|
| <input type="checkbox"/> 1. Excellent, fluent, good vocabulary |
| <input type="checkbox"/> 2. Average or normal vocabulary |
| <input type="checkbox"/> 3. Poor-bad grammar, poor vocabulary |

Did the voice sound familiar?

- YES NO

If yes, who does it sound like?

Has this person called before?

- YES NO

BACKGROUND NOISE

- | | | | |
|---|---|--|---------------------------------|
| <input type="checkbox"/> Total Quiet Atmosphere | <input type="checkbox"/> Quiet, Faint Noise | <input type="checkbox"/> Voices (conversation) | <input type="checkbox"/> Noisy |
| <input type="checkbox"/> Music Traffic | <input type="checkbox"/> Office Machines | <input type="checkbox"/> Factory Machines | <input type="checkbox"/> Trains |
| <input type="checkbox"/> Mixed Noises | <input type="checkbox"/> Factory Machines | <input type="checkbox"/> Animal Noise | <input type="checkbox"/> Planes |
| <input type="checkbox"/> Highway Traffic | <input type="checkbox"/> Party | <input type="checkbox"/> Street | |