

BOMB THREAT INFORMATION FORM

1. *Questions to Ask:*
  - a. *When is the bomb going to explode?*
  - b. *Where is it right now?*
  - c. *What does it look like?*
  - d. *What kind of bomb is it?*
  - e. *What will cause it to explode?*
  - f. *Did you (the caller) place the bomb?*
  - g. *Why did you place the bomb?*
  - h. *What is your name?*
  - i. *What is your address?*

2. *Exact Wording of the Threat:*

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3. *Pertinent Data:*

- a. *Sex of caller*
- b. *Race*
- c. *Age (estimate)*
- d. *Length of call*
- e. *Number at which call is received*
- f. *Time of call*
- g. *Date of call*

4. *Caller's Voice:*

<input type="checkbox"/> <i>Calm</i>	<input type="checkbox"/> <i>Nasal</i>
<input type="checkbox"/> <i>Angry</i>	<input type="checkbox"/> <i>Stutter</i>

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|--|--|
| <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"/> Laughter                        | <input type="checkbox"/> Deep Breathing                                    |
| <input type="checkbox"/> Crying                          | <input type="checkbox"/> Cracking Voice                                    |
| <input type="checkbox"/> Normal <input type="checkbox"/> | <input type="checkbox"/> Disguised   |
| <input type="checkbox"/> Distinct                        | <input type="checkbox"/> Accent (English, French,<br>Spanish, Asian, etc.) |

*If voice is familiar, what did it sound like?*

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5. *Background Noises:*

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| <input type="checkbox"/> Street Noises    | <input type="checkbox"/> Factory Machinery |
| <input type="checkbox"/> Crockery         | <input type="checkbox"/> Animal Noises     |
| <input type="checkbox"/> Voices           | <input type="checkbox"/> Clear             |
| <input type="checkbox"/> PA System        | <input type="checkbox"/> Static            |
| <input type="checkbox"/> Music            | <input type="checkbox"/> Local             |
| <input type="checkbox"/> House Noises     | <input type="checkbox"/> Long Distance     |
| <input type="checkbox"/> Motor            | <input type="checkbox"/> Booth             |
| <input type="checkbox"/> Office Equipment | <input type="checkbox"/> Airplanes         |
| <input type="checkbox"/> Railroads        | <input type="checkbox"/> Other             |

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6. *Threat Language:*

- Well Spoken (educated)*       *Incoherent*  
 *Foul*       *Taped*  
 *Irrational*       *Message read by threat maker*

7. *Remarks:*

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8. *Report Data:*
- a. *Date*
  - b. *Name*
  - c. *Position*
  - d. *Company*
  - e. *Phone Number*

**REPORT BOMB THREAT TO D.C. POLICE DEPARTMENT AT 911 AND TO THE  
PROPERTY MANAGEMENT OFFICE AT 202-223-5912.**