



METRO SECURITY FORCE INC. BOMB THREAT



| PLACE THIS UNDER TELEPHONE | | | CALLERS VOICE | | |
|---------------------------------------|---|---------------|--|--|--|
| Time call received | | | Time call ended | | |
| Questions to ask: | | | <input type="checkbox"/> Calm <input type="checkbox"/> Angry <input type="checkbox"/> Excited <input type="checkbox"/> Slow <input type="checkbox"/> Rapid <input type="checkbox"/> Soft <input type="checkbox"/> Loud <input type="checkbox"/> Laughter <input type="checkbox"/> Crying <input type="checkbox"/> Normal <input type="checkbox"/> Distinct <input type="checkbox"/> Slurred <input type="checkbox"/> Nasal <input type="checkbox"/> Stutter <input type="checkbox"/> Lisp <input type="checkbox"/> Raspy <input type="checkbox"/> Deep <input type="checkbox"/> Ragged <input type="checkbox"/> Clearing throat <input type="checkbox"/> Deep breathing <input type="checkbox"/> Cracking voice <input type="checkbox"/> Disguised <input type="checkbox"/> Accent <input type="checkbox"/> Familiar | | |
| 1. When is the bomb going to explode? | | | If voice is familiar, who did it sound like? BACKGROUND SOUNDS <input type="checkbox"/> Street noise <input type="checkbox"/> Crockery <input type="checkbox"/> Voices <input type="checkbox"/> PA System <input type="checkbox"/> Music <input type="checkbox"/> House noises <input type="checkbox"/> Motor <input type="checkbox"/> Office Machinery <input type="checkbox"/> Factory Machinery <input type="checkbox"/> Animal nosie <input type="checkbox"/> Clear <input type="checkbox"/> Static <input type="checkbox"/> Local <input type="checkbox"/> Long Distance <input type="checkbox"/> Booth OTHER: | | |
| 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? | | | | | |
| 10. Are you calling from a pay phone? | | | | | |
| 11. location and or number? | | | | | |
| Sex of caller | Race of caller | Age of caller | THREAT LANGUAGE <input type="checkbox"/> Well spoken (Educated) <input type="checkbox"/> Foul <input type="checkbox"/> Irrational <input type="checkbox"/> Incoherent <input type="checkbox"/> Taped <input type="checkbox"/> Message read by threat maker | | |
| Exact wording of threat: | | | Remarks: Date: _____ Person receiving call: _____ Title: _____ Phone: _____ | | |
| Number call received at: | Report call immediately TO: Security | | | | |