

BOMB THREAT CALL SHEET

Report call immediately as an emergency - call 911

The Office of Communications (775) 784-4941 is officially responsible for responding to all inquiries from the media.

Note: After evacuation, report to your designated EMERGENCY ASSEMBLY POINT. Stay there until everyone has been accounted for and wait for further directions and information.

<p>PLACE THIS FORM NEAR THE PHONE. BE CALM, COURTEOUS. DO NOT INTERRUPT.</p> <p style="text-align: center;">Questions to Ask</p> <p>_____</p> <p>When is the bomb going to explode?</p> <p>_____</p> <p>Where is it right now?</p> <p>_____</p> <p>What does it look like?</p> <p>_____</p> <p>What kind of bomb is it?</p> <p>_____</p> <p>What will cause it to explode?</p> <p>_____</p> <p>Did you place the bomb?</p> <p>_____</p> <p>Why?</p> <p>_____</p> <p>What is your address?</p> <p>_____</p> <p>What is your name?</p> <p>_____</p> <p>Are you calling from a pay phone? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Sex of caller Race of Caller Age of caller <input type="checkbox"/> M <input type="checkbox"/> F</p> <p>Write the exact wording of the threat:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;">CALLER'S VOICE</p> <p> <input type="checkbox"/> Calm <input type="checkbox"/> Nasal <input type="checkbox"/> Crackling Voice <input type="checkbox"/> Angry <input type="checkbox"/> Stutter <input type="checkbox"/> Norma <input type="checkbox"/> Excited <input type="checkbox"/> Lisp <input type="checkbox"/> Distinct <input type="checkbox"/> Slow <input type="checkbox"/> Raspy <input type="checkbox"/> Slurred <input type="checkbox"/> Rapid <input type="checkbox"/> Deep <input type="checkbox"/> Clearing Throat <input type="checkbox"/> Soft <input type="checkbox"/> Ragged <input type="checkbox"/> Accent <input type="checkbox"/> Loud <input type="checkbox"/> Disguised <input type="checkbox"/> Familiar <input type="checkbox"/> Laughter <input type="checkbox"/> Whispered <input type="checkbox"/> Breathing <input type="checkbox"/> Crying </p> <p>If voice is familiar, who did it sound like?</p> <p>_____</p> <p style="text-align: center;">THREAT LANGUAGE</p> <p> <input type="checkbox"/> Well spoken (educated) <input type="checkbox"/> Incoherent <input type="checkbox"/> Irrational <input type="checkbox"/> Foul <input type="checkbox"/> Taped <input type="checkbox"/> Message read by threat maker </p> <p style="text-align: center;">BACKGROUND SOUNDS</p> <p> <input type="checkbox"/> Street noises <input type="checkbox"/> Office Machinery <input type="checkbox"/> Factory Machinery <input type="checkbox"/> Motor <input type="checkbox"/> Dishes <input type="checkbox"/> Clear <input type="checkbox"/> Animal noises <input type="checkbox"/> Static <input type="checkbox"/> Voices <input type="checkbox"/> Music <input type="checkbox"/> PA System <input type="checkbox"/> House noises <input type="checkbox"/> Long Distance <input type="checkbox"/> Local <input type="checkbox"/> Other </p> <p>Remarks:</p> <p>_____</p> <p>_____</p>
Name of person receiving call	_____
Title:	_____
Number call received at: Work phone	Home phone Date: