

### 1) Timeline:

Time call started:

Time call ended:

Date:

Caller's name:

Caller's number (Caller ID):

Your Name & Number (ext., department, etc.):

### 2) Explosive Details:

When will the Bomb Explode?

What does the bomb look like?

What will trigger the bomb to explode?

What type of bomb is it?

Do they belong to any group?

Why are they doing this?

Where is the bomb right now?

  

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*Does the caller's answer make sense?*  
 Yes  No

*Does it sound like he knows the building?*  
 Yes  No

Who brought the bomb into the building?

Where are they calling from (address)?

### 3) Callers Language:

Write exact words used by the caller:

### 4) Type of Voice:

**Gender:**  Man  Woman

**Age**

Young  Adult  Old

*Approximate Age:*

<b>Language:</b>	Spoken:
	Accent:

**Is the voice familiar?**

Yes  No

*Who does it sound like?*

### 5) Tone of Voice:

- |                               |                                |                               |                                     |                                    |                                      |
|-------------------------------|--------------------------------|-------------------------------|-------------------------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Loud | <input type="checkbox"/> Angry | <input type="checkbox"/> Slow | <input type="checkbox"/> High pitch | <input type="checkbox"/> Clear     | <input type="checkbox"/> Nasal       |
| <input type="checkbox"/> Fast | <input type="checkbox"/> Soft  | <input type="checkbox"/> Calm | <input type="checkbox"/> Stutter    | <input type="checkbox"/> Low pitch | <input type="checkbox"/> Intoxicated |

### 6) Background Noises:

- |                                    |                                    |                                       |                                  |  |                                |
|------------------------------------|------------------------------------|---------------------------------------|----------------------------------|--|--------------------------------|
| <input type="checkbox"/> Street    | <input type="checkbox"/> Home      | <input type="checkbox"/> Harbor/Boats | <input type="checkbox"/> Traffic | <input type="checkbox"/> Party         | <input type="checkbox"/> Other |
| <input type="checkbox"/> Airplanes | <input type="checkbox"/> Ocean     | <input type="checkbox"/> PA System    | <input type="checkbox"/> Train   | <input type="checkbox"/> Very quiet    | _____                          |
| <input type="checkbox"/> Animals   | <input type="checkbox"/> Machinery | <input type="checkbox"/> Children     | <input type="checkbox"/> Office  | <input type="checkbox"/> Static noises |                                |

**Message was:**

Read Out  Spontaneous

**Call was:**

Local  Long Distance