

THREAT REPORT

Exact Wording of the Threat		
Date & Time Call Received		Telephone # From Which Call Made
Explosive Device/Bomb Threat Questions to Ask Caller		
When is the device going to explode?		
Where is it right now?		
What does it look like?		
What kind of device is it?		
Did you place the device? Why?		
What is your name?	Address?	Telephone #?
Assault/Death Threat Questions to Ask Caller		
What are you going to do?		
When are you going to do it?		
Why are you going to do it?		
Who is it you are upset with?		
What can we do to prevent this?		
Are you willing to talk to someone about this?		
What is your name?	Address?	Telephone #?
Contamination Threat Questions to Ask Caller		
What type of substance is it?		
Where and how did you introduce it?		
What does it look like?		
What will it do?	How will it act?	
Will it cause illness or death?		
Why did you do this?		
What is your name?	Address?	Telephone#?
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Threat Maker Characteristics Answer with your first impressions							
Circle all that apply:							
	Male	Female	Adult	Child	Estimated Age:		
Speech							
	Accent	Middle East	Pronounced	Slight	Unknown	Foreign	
	Germanic	France	Africa	Asia	Scandinavia	Eastern Europe	
	Spanish/ Hispanic	United Kingdom	US Regional (describe)				
	Other (describe)						
Voice							
	Normal	Calm	Soft	Excited	Rapid	Loud	Angry
	Laughing	Crying	Deep	Raspy	Disguised	Slurred	Stutter
	Lisp	Nasal	Slow	Ragged	Distinct	Clearing Throat	
	Familiar: Who does it sound like?						
Threat Language							
	Well Spoken	Incoherent	Irrational	Foul	Read Message	Taped Message	
	Other (describe)						
Telephone Contact							
Background Noise							
	Street	House	Office	Music	Motor	Roadway	PA System
	Airport	Factory	Bar	Other Voices (describe)			
	Other (describe)						
Telephone							
	Clear	Static	Local	Cell Phone	Long Distance	Other (describe)	
Person To Person Contact							
Physical Description							
	Height:		Weight:		Build:		
	Race:		Hair:		Face Shape:		
	Eyes:		Body Piercings:				
	Tattoos:		Scars/Marks:				
	Coat:		Shirt:		Pants:		
	Footwear:		Glasses:				
	Hat/Gloves:		Bag/Purse:				
Departure							
	On Foot	Direction of Travel					
	By Vehicle	Direction of Travel					
		Make			Model		
		Vehicle			License Number		
		Color					
	Other (describe)						
Additional Comments							
	Threat Reported To:						
	Date / Time:						
	Threat Received By:						
	Position:						
	Telephone # At Which Call Received: Your Telephone # If Different:						