

KELOWNA AND DISTRICT SOCIETY FOR COMMUNITY LIVING

BOMB THREAT: ACTION ON RECEIPT OF A TELEPHONE CALL

NAME: _____

DATE: _____ TIME OF CALL: _____

*****DO NOT HANG UP even if the caller does.**

Inform caller which building or location you are answering from. Record the exact wording of the threat: _____

ASK THESE QUESTIONS:

1. Where is the bomb right now? _____

2. When is it going to explode? _____

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. What is your telephone number? _____

Time call completed: _____

If call display record number shown: _____

******Do Not Hang Up - Use Different Phone If Possible, Immediately DIAL 911.**

Complete once the call is complete and authorities have been informed:

Phone number at which call was received _____

About the Caller:

Sex of caller?

Male Female Nationality _____ Age _____

Did they have an accent, if so what type? _____

Caller's language/voice:

Calm Crying Clearing throat Angry Nasal Slurred

Excited Stutter Disguised Slow Lisp Accent

Rapid Deep Familiar Laughter Hoarse

If the voice sounded familiar, who's did it sound like? _____

Background Sounds:

Street noises House noises Animal noises Crockery Motor

Clear Voice Static PA System Booth

Music Factory machinery Office machinery Plane/Train

Other (specify): _____

Remarks or other comments: _____

Completed by: _____ Date: _____