



# CITY OF KETTERING

## Bomb Threat

### Communications Data Form

**FBI Bomb Data Form** — *Place this card under your telephone*

#### Questions to Ask:

1. When is the bomb going to explode?
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 address?
9. What is your name?

Exact wording of the threat:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Sex of the caller: \_\_\_\_\_

Race: \_\_\_\_\_ Age: \_\_\_\_\_

Length of call: \_\_\_\_\_

Number at which call was received:

\_\_\_\_\_

Time: \_\_\_\_\_ Date: \_\_\_\_\_

#### Caller's Voice

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Calm     | <input type="checkbox"/> Nasal           |
| <input type="checkbox"/> Angry    | <input type="checkbox"/> Stutter         |
| <input type="checkbox"/> Excited  | <input type="checkbox"/> Lisp            |
| <input type="checkbox"/> Slow     | <input type="checkbox"/> Raspy           |
| <input type="checkbox"/> Rapid    | <input type="checkbox"/> Deep            |
| <input type="checkbox"/> Soft     | <input type="checkbox"/> Ragged          |
| <input type="checkbox"/> Loud     | <input type="checkbox"/> Clearing throat |
| <input type="checkbox"/> Laughter | <input type="checkbox"/> Deep breathing  |
| <input type="checkbox"/> Crying   | <input type="checkbox"/> Voice disguised |
| <input type="checkbox"/> Normal   | <input type="checkbox"/> Distinct        |
| <input type="checkbox"/> Slurred  | <input type="checkbox"/> Accent          |
| <input type="checkbox"/> Familiar |  |

If the voice is familiar, who does it sound like? \_\_\_\_\_

#### Background Sounds

- |  |  |
|--|--|
| <input type="checkbox"/> Street Noises | <input type="checkbox"/> Factory Machinery |
| <input type="checkbox"/> Crockery      | <input type="checkbox"/> Animal noises     |
| <input type="checkbox"/> Voices        | <input type="checkbox"/> PA System         |
| <input type="checkbox"/> Static        | <input type="checkbox"/> Music             |
| <input type="checkbox"/> Local         | <input type="checkbox"/> Long distance     |
| <input type="checkbox"/> House noises  | <input type="checkbox"/> Motor             |
| <input type="checkbox"/> Booth         | <input type="checkbox"/> Office machinery  |
| <input type="checkbox"/> Other: _____  |  |

#### Threat Language

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Well spoken (educated)       | <input type="checkbox"/> Taped      |
| <input type="checkbox"/> Incoherent                   | <input type="checkbox"/> Irrational |
| <input type="checkbox"/> Foul                         |                                     |
| <input type="checkbox"/> Message read by threat maker |                                     |

Remarks: \_\_\_\_\_

Report call immediately to: Kettering Police Department/8-9-1-1

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Phone: # \_\_\_\_\_