

# OREGON MILITARY DEPARTMENT

PLACE THIS CARD UNDER YOUR TELEPHONE

### QUESTIONS TO ASK

1. When is 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

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Sex of caller: \_\_\_\_\_ Race: \_\_\_\_\_

Age: \_\_\_\_\_ Length of Call: \_\_\_\_\_

Number at which call is received: \_\_\_\_\_

## BOMB THREAT

### 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"/> Cracking voice  |
| <input type="checkbox"/> Normal   | <input type="checkbox"/> Disguised       |
| <input type="checkbox"/> Distinct | <input type="checkbox"/> Accent          |
| <input type="checkbox"/> Slurred  | <input type="checkbox"/> Familiar        |

### BACKGROUND SOUNDS

- |  |   |
|--|---|
| <input type="checkbox"/> Street noises | <input type="checkbox"/> Factory noises |
| <input type="checkbox"/> Voices        | <input type="checkbox"/> Animal noises  |
| <input type="checkbox"/> PA Systems    | <input type="checkbox"/> Clear          |
| <input type="checkbox"/> Music         | <input type="checkbox"/> Static         |
| <input type="checkbox"/> House noises  | <input type="checkbox"/> Local          |
| <input type="checkbox"/> Office        | <input type="checkbox"/> Long distance  |
| <input type="checkbox"/> Booth         | <input type="checkbox"/> Other          |

### THREAT LANGUAGE

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

REMARKS: \_\_\_\_\_

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REPORT CALL IMMEDIATELY TO:

Phone number: \_\_\_\_\_

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

Name: \_\_\_\_\_

Position: \_\_\_\_\_

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