

POINT PARK UNIVERSITY – EMERGENCY RESPONSE PLAN

BOMB THREAT

QUESTIONS TO ASK:

1. When is the bomb going to explode?
2. Where is the bomb located?
3. What does the bomb 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?

CALLER'S VOICE:

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

THREAT LANGUAGE:

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

BACKGROUND SOUNDS:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Street Noises | <input type="checkbox"/> House Noises | <input type="checkbox"/> PA System | <input type="checkbox"/> Music |
| <input type="checkbox"/> Office Machinery | <input type="checkbox"/> Factory Machinery | <input type="checkbox"/> Animal Noises | <input type="checkbox"/> Voices |
| <input type="checkbox"/> Static | <input type="checkbox"/> Phone Booth | <input type="checkbox"/> Local | <input type="checkbox"/> Long Distance |
| <input type="checkbox"/> None | <input type="checkbox"/> Other: | | |

Sex of caller: Select

Race:

Age of caller:

Time of call:

Length of call:

EXACT WORDING OF THREAT:

CALL-TAKER INFORMATION:

Your Name:

Title:

Department:

Phone Number:

Date:

REMARKS: