Emergency Operations

Post Bomb Threat Report

(Completed by person receiving the call)

Date	Time of call
What telephone num	ber was the bomb threat received on?
Exact language/word	ling used by the caller
	g information as provided:
What time is it set for?Where is it?	
What does it look lik	re?
Why are you doing t	his?
What is your name?	
Additional Informa	tion (check/fill in):
Gender:Ma	ıleFemale Describe
Age:Ad	ultChild Describe/estimate age
Speech:No	rmalExcited Describe
Speech:Slo	wFast Describe
Did the caller have a	n accent? Describe:
Did you recognize th	ne caller's voice? Describe:
Background noises:	musictrafficmachinevoices/talking
	airplanestypingchildrenTV/radio
	other
Other Notes:	
Person receiving ca	II:
Name	Home Phone
Address	
Notification:	
School Principal	Time
Dolina	Time