

*Choice
Medical Group*

Bomb Threat Report Form
****Activate Call Trace System Immediately****

Location: CON CORP FR SAC SAL SF SJ

1. Date _____ 2. Time _____ am/pm

3. Staff Name _____

4. Exact Words of Caller _____

5. Questions to Ask:

- A. When is the bomb going to explode? _____
- B. Where is the bomb right now? _____
- C. Did you place the bomb? _____
- D. What does it look like? _____

6. Attempt to Identify the Caller (circle all that apply)

Identity:	Male	Female	Adult	Child	
Voice:	Loud	Soft	High	Low	Nasal
	Stressed	Normal	Drunk	Incoherent	Harsh
	Disguised	Angry	Lisp	Crying	Calm
Accent:	Yes	No	Local	Unknown	
Speech/Language:		Fast	Slow	Slurred	Clear
	Stutter	Excited	Obscene	Well Spoken	

Other Characteristics _____

7. Attempt to Identify Where Caller is (circle all that apply)

Background:	Office	Quiet	Noisy	Arguments
	Other Voices	Traffic	Trains/Planes	Static

8. Other Information

- A. Did the caller appear to be familiar with the building or residence by description of the location or device? _____

- B. Could the call have been made from a public phone booth or a cellular phone? _____

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