

Explosive Device Data Record

Questions to Ask:

1. When is the explosive device set to explode?
2. Where is it right now?
3. What does it look like?
4. What kind of explosive device is it?
5. What will cause it to explode?
6. Did you place the explosive device?
7. Why?
8. What is your address?
9. What is your name?

Exact wording of the threat: _____

Sex of caller: _____ Accent: _____

Age: _____ Length of call: _____

Number at which call is received: _____ Time: _____ Date: _____

Caller's voice:

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

If voice is familiar, who did it sound like? _____

Background sounds:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Street noises | <input type="checkbox"/> Music | <input type="checkbox"/> Office machinery | <input type="checkbox"/> Factory machinery |
| <input type="checkbox"/> House noises | <input type="checkbox"/> Animal noises | <input type="checkbox"/> Voices | <input type="checkbox"/> Static |
| <input type="checkbox"/> PA system | <input type="checkbox"/> Clear | <input type="checkbox"/> Phone booth | <input type="checkbox"/> Other _____ |

Threat language:

- | | | | |
|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Well spoken | <input type="checkbox"/> Foul | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Remarks: _____ |
| <input type="checkbox"/> Threat maker | <input type="checkbox"/> Irrational | <input type="checkbox"/> Taped | _____ |

IMMEDIATELY CALL NEIU PUBLIC SAFETY OFFICE AT x5511 TO REPORT THE THREAT

Date: _____

Name: _____

Position/ Title: _____