

EXHIBIT A

BOMB THREAT INFORMATION FORM

QUESTIONS TO ASK:

When is bomb going to explode?	Did you place the bomb?
Where is it right now?	Why?
What does it look like?	What is your name?
What kind of bomb is it?	What is your address?
What will cause it to explode?	

EXACT WORDS USED BY CALLER:

DESCRIPTION OF CALLER:

Sex: _____ Race: _____ Age: _____

DESCRIPTION OF CALL:

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

CALLER'S VOICE:

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

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

BACKGROUND SOUNDS:

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Street Noise | <input type="checkbox"/> Animal Noises | <input type="checkbox"/> Phone Booth |
| <input type="checkbox"/> Crockery | <input type="checkbox"/> Music | <input type="checkbox"/> Office Machinery |
| <input type="checkbox"/> PA System | <input type="checkbox"/> House Noises | <input type="checkbox"/> Railroad |
| <input type="checkbox"/> Factory | <input type="checkbox"/> Motor | <input type="checkbox"/> Airplane |
| <input type="checkbox"/> Machinery | <input type="checkbox"/> Static | <input type="checkbox"/> Other: _____ |

THREAT LANGUAGE:

- | | | |
|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Well Spoken (educated) | <input type="checkbox"/> Irrational | <input type="checkbox"/> Taped |
| <input type="checkbox"/> Foul | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Message Read |

Name: _____ Position: _____
 Phone Number: _____ Date: _____

EXHIBIT "A"

BOMBTH