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| <p align="center">BOMB THREAT DATA REPORT</p> <p align="center">Report Bomb Threat Calls Immediately To:</p> <p align="center">The Montgomery County Police: 911</p> <p align="center">University System of Maryland The Universities at Shady Grove</p> <p>Please complete this information in as much detail as possible and give it to Montgomery County Police Officers responding to the call.</p> | Date of Call | Time of Call | Length of Call |
| | No. Call Received On | Gender of Caller | Age of Caller |
| | Report Submitted By | | Phone |
| | Local Address | | |
| 1. When is the bomb going to explode? | Characteristics of the Caller's Voice | | |
| | <input type="checkbox"/> Calm | <input type="checkbox"/> Crying | <input type="checkbox"/> Deep |
| 2. Where is it right now? | <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 |
| 3. What does it look like? | <input type="checkbox"/> Slow | <input type="checkbox"/> Slurred | <input type="checkbox"/> Deep Breathing |
| | <input type="checkbox"/> Rapid | <input type="checkbox"/> Nasal | <input type="checkbox"/> Crackling Voice |
| 4. What kind of bomb is it? | <input type="checkbox"/> Soft | <input type="checkbox"/> Stutter | <input type="checkbox"/> Disguised |
| | <input type="checkbox"/> Loud | <input type="checkbox"/> Lisp | <input type="checkbox"/> Well Spoken |
| 5. What will cause it to explode? | <input type="checkbox"/> Laughter | <input type="checkbox"/> Raspy | <input type="checkbox"/> Foul |
| | <input type="checkbox"/> Irrational | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Taped |
| 6. Did you plant the bomb? | <input type="checkbox"/> Message Read by Caller | | <input type="checkbox"/> Familiar |
| | Who did voice sound like? | | |
| 7. Why did you plant the bomb? | | | |
| | What type of accent? | | |
| 8. What is your name? | Background Sounds | | |
| | <input type="checkbox"/> Street Noises | <input type="checkbox"/> House Noises | <input type="checkbox"/> Clear |
| 9. What organization are you representing? | <input type="checkbox"/> Crockery | <input type="checkbox"/> Motors | <input type="checkbox"/> Static |
| | <input type="checkbox"/> Voices | <input type="checkbox"/> Office Sounds | <input type="checkbox"/> Local |
| 10. What is your address? | <input type="checkbox"/> Music | <input type="checkbox"/> Factory Sounds | <input type="checkbox"/> Long Distance |
| | <input type="checkbox"/> Other: | | |
| Exact Wording of the Threat | Other Details | | |
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