

**ACWA JPIA
EMERGENCY/THREATENING PHONE CALL FORM**

Call Received /Date: _____ Time: _____ Call Terminated/Time: _____ Phone: _____

LIST THE EXACT WORDING OF THE EMERGENCY/THREAT:

QUESTIONS TO ASK

1. Where is it right now?
2. What does it look like?
- IF A BOMB:
3. What kind of bomb is it? (i.e., explosive, incendiary)
4. What will cause it to explode?
5. Did you place the bomb?
6. Why?
7. What is your address?
8. What is your name?

ADDITIONAL INFORMATION

Sex of Caller: _____ Race: _____ Age: _____
 Length of Call: _____ Number at which call is received: _____

Caller's Voice:

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

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

Background Sounds:

<input type="checkbox"/> Street noises	<input type="checkbox"/> House Noises	<input type="checkbox"/> Static
<input type="checkbox"/> Crockery	<input type="checkbox"/> Motor	<input type="checkbox"/> Local
<input type="checkbox"/> Voices	<input type="checkbox"/> Office Machinery	<input type="checkbox"/> Long Distance
<input type="checkbox"/> PA System	<input type="checkbox"/> Factory Machinery	<input type="checkbox"/> Booth
<input type="checkbox"/> Music	<input type="checkbox"/> Clear	<input type="checkbox"/> Other _____

Threat Language:

<input type="checkbox"/> Well spoken (Educated)	<input type="checkbox"/> Foul/Irrational	<input type="checkbox"/> Incoherence	<input type="checkbox"/> Taped
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