

Bomb Threat Report Form

Property Name: SunTrust Center
Address: 200 South Orange Avenue
City, State Zip Code: Orlando, Florida 32801-3439

Exact Wording of the Threat: _____

Information to record:

Dial *69 record number: _____

Gender of caller: _____ Accent/Type: _____

Age: _____ Length of call: _____

Number call received at: _____

Exact date and time of call: _____

Questions to ask:

1. When is the bomb going to explode? _____
2. Where is the bomb right now? _____
3. What does it look like? _____
4. What kind of bomb is it? _____
5. What will cause the bomb to explode? _____
6. Did you place the bomb? _____
7. Why? _____
8. Where are you calling from? _____
9. What is your name? _____
10. What is your address? _____

Caller's Voice:

- | | |
|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Normal | <input type="checkbox"/> Stutter |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Lisp |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Whisper |
| <input type="checkbox"/> Laughter | <input type="checkbox"/> Crying |
| <input type="checkbox"/> Familiar | <input type="checkbox"/> Slurred |

Background Sound:

- | | |
|--|--|
| <input type="checkbox"/> Street Noises | <input type="checkbox"/> Animal Noises |
| <input type="checkbox"/> Voices | <input type="checkbox"/> Static |
| <input type="checkbox"/> PA System | <input type="checkbox"/> Local |
| <input type="checkbox"/> Music | <input type="checkbox"/> Long Distance |
| <input type="checkbox"/> Motor Noises | <input type="checkbox"/> Cellular |
| <input type="checkbox"/> Children | |
| <input type="checkbox"/> Other: | |

Threat Language:

- | | |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Educated | <input type="checkbox"/> Incoherent |
| <input type="checkbox"/> Foul | <input type="checkbox"/> Taped |
| <input type="checkbox"/> Irrational | <input type="checkbox"/> Message Read |

Name of person completing form: _____ Phone Number _____
Firm/Position: _____ Date and time form completed: _____