

University of Toledo Telephone Bomb Threat Checklist

The UT Safety & Health Committee and the University of Toledo Police Department have adopted the following Telephone Bomb Threat Checklist, in cooperation with the Federal Bureau of Investigation's Bomb Data Program.

University employees receiving a telephone bomb threat are urged to notify UT Police immediately at 419-530-2600 on the Main Campus/CADE and 419-383-2600 on the HSC, GMC and CCC locations or 911 at off-site clinic locations (Regency, Fallen Timbers and LEC) and to complete the following questionnaire.

Questions to ask:

Exact wording of the response:

- | | |
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| <ol style="list-style-type: none"> 1. When is bomb going to explode? 2. Where is it right now? 3. What does it look like? 4. What kind of bomb is it? 5. How big is the bomb? 6. What will cause it to explode? 7. Did you place the bomb? 8. Why? 9. What is your address? 10. What is your name? | <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
|--|---|

Sex of caller _____ Age _____ Race _____ Length of call _____

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| <p><u>Caller's Voice:</u></p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Calm</td> <td><input type="checkbox"/> Raspy</td> </tr> <tr> <td><input type="checkbox"/> Angry</td> <td><input type="checkbox"/> Deep</td> </tr> <tr> <td><input type="checkbox"/> Excited</td> <td><input type="checkbox"/> Ragged</td> </tr> <tr> <td><input type="checkbox"/> Slow</td> <td><input type="checkbox"/> Clearing throat</td> </tr> <tr> <td><input type="checkbox"/> Rapid</td> <td><input type="checkbox"/> Deep breathing</td> </tr> <tr> <td><input type="checkbox"/> Soft</td> <td><input type="checkbox"/> Cracking voice</td> </tr> <tr> <td><input type="checkbox"/> Loud</td> <td><input type="checkbox"/> Disguised</td> </tr> <tr> <td><input type="checkbox"/> Laughing</td> <td><input type="checkbox"/> Accent</td> </tr> <tr> <td><input type="checkbox"/> Crying</td> <td><input type="checkbox"/> Familiar</td> </tr> <tr> <td><input type="checkbox"/> Normal</td> <td>If voice is familiar, who did it sound like?</td> </tr> <tr> <td><input type="checkbox"/> Distinct</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Slurred</td> <td>_____</td> </tr> <tr> <td><input type="checkbox"/> Nasal</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Stutter</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Lisp</td> <td></td> </tr> </table> | <input type="checkbox"/> Calm | <input type="checkbox"/> Raspy | <input type="checkbox"/> Angry | <input type="checkbox"/> Deep | <input type="checkbox"/> Excited | <input type="checkbox"/> Ragged | <input type="checkbox"/> Slow | <input type="checkbox"/> Clearing throat | <input type="checkbox"/> Rapid | <input type="checkbox"/> Deep breathing | <input type="checkbox"/> Soft | <input type="checkbox"/> Cracking voice | <input type="checkbox"/> Loud | <input type="checkbox"/> Disguised | <input type="checkbox"/> Laughing | <input type="checkbox"/> Accent | <input type="checkbox"/> Crying | <input type="checkbox"/> Familiar | <input type="checkbox"/> Normal | If voice is familiar, who did it sound like? | <input type="checkbox"/> Distinct | _____ | <input type="checkbox"/> Slurred | _____ | <input type="checkbox"/> Nasal | | <input type="checkbox"/> Stutter | | <input type="checkbox"/> Lisp | | <p><u>Background Sounds:</u></p> <table border="0" style="width: 100%;"> <tr><td><input type="checkbox"/> Street noises</td></tr> <tr><td><input type="checkbox"/> Kitchen noises/dishes</td></tr> <tr><td><input type="checkbox"/> Voices</td></tr> <tr><td><input type="checkbox"/> PA system</td></tr> <tr><td><input type="checkbox"/> Music</td></tr> <tr><td><input type="checkbox"/> House noises</td></tr> <tr><td><input type="checkbox"/> Motor</td></tr> <tr><td><input type="checkbox"/> Office machinery</td></tr> <tr><td><input type="checkbox"/> Factory machinery</td></tr> <tr><td><input type="checkbox"/> Animal noises</td></tr> <tr><td><input type="checkbox"/> Clear</td></tr> <tr><td><input type="checkbox"/> Static</td></tr> <tr><td><input type="checkbox"/> Local</td></tr> <tr><td><input type="checkbox"/> Long distance</td></tr> <tr><td><input type="checkbox"/> Telephone Booth</td></tr> <tr><td><input type="checkbox"/> Other</td></tr> </table> <hr/> <hr/> | <input type="checkbox"/> Street noises | <input type="checkbox"/> Kitchen noises/dishes | <input type="checkbox"/> Voices | <input type="checkbox"/> PA system | <input type="checkbox"/> Music | <input type="checkbox"/> House noises | <input type="checkbox"/> Motor | <input type="checkbox"/> Office machinery | <input type="checkbox"/> Factory machinery | <input type="checkbox"/> Animal noises | <input type="checkbox"/> Clear | <input type="checkbox"/> Static | <input type="checkbox"/> Local | <input type="checkbox"/> Long distance | <input type="checkbox"/> Telephone Booth | <input type="checkbox"/> Other | <p><u>Threat Language:</u></p> <table border="0" style="width: 100%;"> <tr><td><input type="checkbox"/> Well spoken (educated)</td></tr> <tr><td><input type="checkbox"/> Foul</td></tr> <tr><td><input type="checkbox"/> Irrational</td></tr> <tr><td><input type="checkbox"/> Incoherent</td></tr> <tr><td><input type="checkbox"/> Taped</td></tr> <tr><td><input type="checkbox"/> Message read by threat maker</td></tr> </table> | <input type="checkbox"/> Well spoken (educated) | <input type="checkbox"/> Foul | <input type="checkbox"/> Irrational | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Taped | <input type="checkbox"/> Message read by threat maker |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Raspy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Deep | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Ragged | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Slow | <input type="checkbox"/> Clearing throat | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Rapid | <input type="checkbox"/> Deep breathing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Soft | <input type="checkbox"/> Cracking voice | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Loud | <input type="checkbox"/> Disguised | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Laughing | <input type="checkbox"/> Accent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Crying | <input type="checkbox"/> Familiar | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Normal | If voice is familiar, who did it sound like? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Distinct | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Slurred | _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Nasal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Stutter | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Lisp | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Street noises | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Kitchen noises/dishes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Voices | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> PA system | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Music | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> House noises | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Motor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Office machinery | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Factory machinery | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Animal noises | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Clear | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Static | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Local | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Long distance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Telephone Booth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Well spoken (educated) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Foul | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Irrational | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Incoherent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Taped | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Message read by threat maker | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Remarks: _____

Report call immediately. Fill out completely, immediately after bomb threat.

Name _____ Department _____ Ext. _____ Date _____