



**PLACE THIS CARD  
UNDER YOUR  
TELEPHONE**

**QUESTIONS TO ASK:**

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. What will cause it to explode?
6. Did you place the bomb?
7. Why?
8. What is your address?
9. What is your name?

**EXACT WORDING OF THE THREAT:**

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Sex of caller: \_\_\_\_\_ Race: \_\_\_\_\_

Age: \_\_\_\_\_ Length of call: \_\_\_\_\_

**Additional Information on Reverse**



Number at which call was received: \_\_\_\_\_

Time: \_\_\_\_\_ Date: \_\_\_\_\_

**CALLER'S VOICE:**

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Loud                         | <input type="checkbox"/> Soft      |
| <input type="checkbox"/> High                         | <input type="checkbox"/> Deep      |
| <input type="checkbox"/> Intoxicated                  | <input type="checkbox"/> Disguised |
| <input type="checkbox"/> Calm                         | <input type="checkbox"/> Angry     |
| <input type="checkbox"/> Fast                         | <input type="checkbox"/> Slow      |
| <input type="checkbox"/> Stutter                      | <input type="checkbox"/> Nasal     |
| <input type="checkbox"/> Distinct                     | <input type="checkbox"/> Slurred   |
| <input type="checkbox"/> Accent (type) _____          |                                    |
| <input type="checkbox"/> Other Characteristics: _____ |                                    |

If voice is familiar, who did it sound like? \_\_\_\_\_

**BACKGROUND SOUNDS:**

- |   |  |
|---|--|
| <input type="checkbox"/> Voices           | <input type="checkbox"/> Airplanes         |
| <input type="checkbox"/> Quiet            | <input type="checkbox"/> Trains            |
| <input type="checkbox"/> Animals          | <input type="checkbox"/> Music             |
| <input type="checkbox"/> Street Traffic   | <input type="checkbox"/> Factory Machinery |
| <input type="checkbox"/> Office Machinery |  |
| <input type="checkbox"/> Other _____      |  |

**THREAT LANGUAGE:**

- |   |   |
|---|---|
| <input type="checkbox"/> Well spoken/educated | <input type="checkbox"/> Incoherent                   |
| <input type="checkbox"/> Foul                 | <input type="checkbox"/> Taped                        |
| <input type="checkbox"/> Irrational           | <input type="checkbox"/> Message read by threat maker |

**REMARKS:**

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Report call immediately to:

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Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Phone Number \_\_\_\_\_

**New York State Police  
Bomb Threat Instruction Card**

As a community service, the New York State Police invites you to download, duplicate and distribute this information for educational and safety purposes and non-profit use.

Please do not alter the cards in any way.

The Bomb Threat Instruction Card should be printed double-sided, four across on 11 x 14-inch, card stock with .25-inch border.