

THE CRESCENT

BOMB THREAT REPORT

Bomb Threat Call Information

Instructions: Be calm and courteous. Listen, do not interrupt the caller. Notify supervisor or security officer by prearranged signal while caller is on the line.

Action to take immediately after call: Notify your supervisor, Dallas Police Department and Property Management Office.

Person Receiving Call: _____

Receiving Phone Number: _____

Date of Call: _____ Time of Call: _____

Exact words of person placing the call: _____

Questions to Ask:

When is the bomb going to explode? _____

Where is the bomb right now? _____

What kind of bomb is it? _____

Why did you place the bomb? _____

Try to determine the following, checking all that apply:

Caller's Identity	Voice	Language	Manner	Background Noise
<input type="checkbox"/> Male	<input type="checkbox"/> Loud	<input type="checkbox"/> Well-spoken	<input type="checkbox"/> Calm	<input type="checkbox"/> Street Noise
<input type="checkbox"/> Female	<input type="checkbox"/> Soft	<input type="checkbox"/> Rapid	<input type="checkbox"/> Angry	<input type="checkbox"/> House Noise
<input type="checkbox"/> Adult	<input type="checkbox"/> High-pitch	<input type="checkbox"/> Slow	<input type="checkbox"/> Rational	<input type="checkbox"/> Animal Noise
<input type="checkbox"/> Juvenile	<input type="checkbox"/> Deep	<input type="checkbox"/> Distinct	<input type="checkbox"/> Irrational	<input type="checkbox"/> Factory Machinery
<input type="checkbox"/> Race _____	<input type="checkbox"/> Raspy	<input type="checkbox"/> Distorted	<input type="checkbox"/> Coherent	<input type="checkbox"/> Clear
<input type="checkbox"/> Age _____	<input type="checkbox"/> Pleasant	<input type="checkbox"/> Stutter	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Static
	<input type="checkbox"/> Intoxicated	<input type="checkbox"/> Lisp	<input type="checkbox"/> Emotional	<input type="checkbox"/> Quiet
	<input type="checkbox"/> Slurred	<input type="checkbox"/> Vulgar	<input type="checkbox"/> Righteous	<input type="checkbox"/> Voices
	<input type="checkbox"/> Nasal	<input type="checkbox"/> Accent	<input type="checkbox"/> Laughing	<input type="checkbox"/> Music
	<input type="checkbox"/> Disguised	<input type="checkbox"/> Message read	<input type="checkbox"/> Excited	<input type="checkbox"/> Airplanes
	<input type="checkbox"/> Normal	<input type="checkbox"/> Message taped	<input type="checkbox"/> Deliberate	<input type="checkbox"/> Trains
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Additional Information:

The Crescent Management Office
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