

Telephone Procedures

DATE: / / TIME RECEIVED: : AM/PM CONCLUDED: : AM/PM

- REMAIN CALM, BE COURTEOUS, LISTEN TO, AND DO NOT INTERRUPT THE CALLER
 - GET ATTENTION OF ANOTHER PERSON - GIVE NOTE SAYING "CALL LIVONIA POLICE - BOMB THREAT" **911**
 - IF YOUR PHONE HAS CALLER ID DISPLAY, RECORD NUMBER OF INCOMING CALL _____
 - WRITE DOWN EXACT WORDS OF THE CALLER AND THREAT
 - DON'T HANG UP THE PHONE. LEAVE LINE OPEN
 - NOTIFY A SUPERVISOR
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TRY TO KEEP THE CALLER ON THE PHONE AND TALKING BY ASKING THE FOLLOWING QUESTIONS:

1. WHEN WILL IT EXPLODE? AT WHAT TIME?

2. WHERE IS IT LOCATED? WHAT FLOOR? ROOM?

3. WHAT DOES IT LOOK LIKE?

4. WHAT KIND OF BOMB IS IT?

5. WHAT WILL SET IT OFF?

6. WHY ARE YOU DOING THIS?

7. WHO ARE YOU?

8. ARE YOU AWARE THAT IT COULD KILL OR INJURE INNOCENT PEOPLE IN ADDITION TO THOSE YOU INTEND TO HURT?

DESCRIPTION OF CALLER (check all that apply)

Sex: Male _____ Female _____ Unknown _____ Approximate Age _____

Voice	Speech	Language	Behavior	Background Noises
<input type="checkbox"/> Clean	<input type="checkbox"/> Accented	<input type="checkbox"/> Educated	<input type="checkbox"/> Agitated	<input type="checkbox"/> Airport
<input type="checkbox"/> Distorted	<input type="checkbox"/> Deliberate	<input type="checkbox"/> Foreign	<input type="checkbox"/> Angry	<input type="checkbox"/> Animals
<input type="checkbox"/> Loud	<input type="checkbox"/> Distinct	<input type="checkbox"/> Foul	<input type="checkbox"/> Blaming	<input type="checkbox"/> Baby
<input type="checkbox"/> Muffled	<input type="checkbox"/> Fast	<input type="checkbox"/> Intelligent	<input type="checkbox"/> Calm	<input type="checkbox"/> Birds
<input type="checkbox"/> Nasal	<input type="checkbox"/> Hesitant	<input type="checkbox"/> Irrational	<input type="checkbox"/> Fearful	<input type="checkbox"/> General Noise
<input type="checkbox"/> Pitch-High	<input type="checkbox"/> Lisp	<input type="checkbox"/> Rational	<input type="checkbox"/> Laughing	<input type="checkbox"/> Guns Firing
<input type="checkbox"/> Pitch-Med	<input type="checkbox"/> Slow	<input type="checkbox"/> Slang	<input type="checkbox"/> Nervous	<input type="checkbox"/> Gymnasium
<input type="checkbox"/> Pitch-Low	<input type="checkbox"/> Slurred	<input type="checkbox"/> Uneducated	<input type="checkbox"/> Righteous	<input type="checkbox"/> Machinery
<input type="checkbox"/> Pleasant	<input type="checkbox"/> Stuttered	<input type="checkbox"/> Unintelligible	<input type="checkbox"/> Other:	<input type="checkbox"/> Music
<input type="checkbox"/> Raspy	<input type="checkbox"/> If Accented,	<input type="checkbox"/> If Foreign,		<input type="checkbox"/> Party
<input type="checkbox"/> Smooth	Describe:	Describe:		<input type="checkbox"/> Quiet
<input type="checkbox"/> Soft				<input type="checkbox"/> Restaurant
<input type="checkbox"/> Squeaky				<input type="checkbox"/> Talking
<input type="checkbox"/> Unclear				<input type="checkbox"/> Tavern/Bar
<input type="checkbox"/> Other				<input type="checkbox"/> Television
				<input type="checkbox"/> Traffic
				<input type="checkbox"/> Train
				<input type="checkbox"/> Typing
				<input type="checkbox"/> Water/Wind
				<input type="checkbox"/> Other:

Name Of Person Receiving Call: _____

Phone Number Threat Was Received On: _____

Name Of Possible Suspect: _____

LIVONIA POLICE 911 (Emergency)