

## Telephone Procedures

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

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- REMAIN CALM, BE COURTEOUS, LISTEN TO, AND DO NOT INTERRUPT THE CALLER
  - GET ATTENTION OF ANOTHER PERSON-GIVE NOTE SAYING \*CALL SOUTHFIELD 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?

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

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3. WHAT DOES IT LOOK LIKE?

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4. WHAT KIND OF BOMB IS IT?

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5. WHAT WILL SET IT OFF?

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6. WHY ARE YOU DOING THIS?

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7. WHO ARE YOU?

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

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**DESCRIPTION OF CALLER (check all that apply)**

Sex: Male \_\_\_\_\_ Female \_\_\_\_\_ Unknown \_\_\_\_\_ Appropriate Age \_\_\_\_\_

Voice	Speech	Language	Behaviour	Background Noise
<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"/> Deistinct	<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: \_\_\_\_\_

**SOUTHFIELD POLICE 911 (Emergency)**