

EXHIBIT J.

BOMB THREAT RECORD FORM

(To Be Attached to Incident Report)

DATE & TIME _____ DAY OF WEEK _____

LOCATION OF BOMB (Floor/Area) _____

EXACT WORDS USED: _____

DESCRIPTION OF CALLER: MALE _____ FEMALE _____ ADULT _____ CHILD _____

APPROXIMATE AGE _____ RACE _____

SPEECH (CHECK ALL APPLICABLE DESCRIPTIONS): SLOW _____ RAPID _____
CALM _____ EXCITED _____ LOUD _____ BROKEN _____ DISGUISED _____
SINCERE _____ NERVOUS _____ ANGRY _____ SLURRED _____ ACCENT _____
ACCENT (DESCRIBE): _____

DO YOU RECOGNIZE THE CALLER'S VOICE?: _____

BACKGROUND NOISE (CHECK ALL APPLICABLE): TRAFFIC _____ HORNS: _____
BELLS _____ MACHINERY _____ MUSIC _____ AIRCRAFT _____ PA SYSTEM _____
OTHER SOUNDS: _____

BACKGROUND NOISES, ETC.: _____

RECIPIENT OF CALL AND WHERE HE/SHE CAN BE CONTACTED: _____

ADDRESS OF RECIPIENT: _____

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? _____