

COLORADO DEPARTMENT OF TRANSPORTATION
THREATS AGAINST PERSONS OR PROPERTY REPORT

Action to take immediately after the call: Dial 911 or notify local police, complete this form and notify your supervisor

Time:	Date:	Length of call
<input type="checkbox"/> Bomb threat <input type="checkbox"/> Other threats of violence		
Exact wording of the threat:		

Ask these questions during a bomb threat phone call:

When will the bomb explode?
Where is the bomb now?
What does it look like?
What kind of bomb is it?
What will cause it to explode?
Did you place the bomb?
Why?
What is your address?
What is your name?

Information to record after the call:

<input type="checkbox"/> Male <input type="checkbox"/> Female	Age			
<table style="width:100%; border: none;"> <tr> <td style="width:33%;"> Callers voice: <input type="checkbox"/> Calm <input type="checkbox"/> Angry <input type="checkbox"/> Excited <input type="checkbox"/> Slow <input type="checkbox"/> Rapid <input type="checkbox"/> Soft <input type="checkbox"/> Loud <input type="checkbox"/> Laughing </td> <td style="width:33%;"> <input type="checkbox"/> Crying <input type="checkbox"/> Normal <input type="checkbox"/> Distinct <input type="checkbox"/> Slurred <input type="checkbox"/> Whispered <input type="checkbox"/> Nasal <input type="checkbox"/> Stutter <input type="checkbox"/> Lisp </td> <td style="width:33%;"> <input type="checkbox"/> Raspy <input type="checkbox"/> Deep <input type="checkbox"/> Ragged <input type="checkbox"/> Deep breathing <input type="checkbox"/> Cracking voice <input type="checkbox"/> Disguised <input type="checkbox"/> Clearing throat <input type="checkbox"/> Familiar </td> </tr> </table>	Callers voice: <input type="checkbox"/> Calm <input type="checkbox"/> Angry <input type="checkbox"/> Excited <input type="checkbox"/> Slow <input type="checkbox"/> Rapid <input type="checkbox"/> Soft <input type="checkbox"/> Loud <input type="checkbox"/> Laughing	<input type="checkbox"/> Crying <input type="checkbox"/> Normal <input type="checkbox"/> Distinct <input type="checkbox"/> Slurred <input type="checkbox"/> Whispered <input type="checkbox"/> Nasal <input type="checkbox"/> Stutter <input type="checkbox"/> Lisp	<input type="checkbox"/> Raspy <input type="checkbox"/> Deep <input type="checkbox"/> Ragged <input type="checkbox"/> Deep breathing <input type="checkbox"/> Cracking voice <input type="checkbox"/> Disguised <input type="checkbox"/> Clearing throat <input type="checkbox"/> Familiar	Language used: <input type="checkbox"/> Well spoken (educated) <input type="checkbox"/> Foul <input type="checkbox"/> Irrational or incoherent <input type="checkbox"/> Taped <input type="checkbox"/> Message read by threat maker <input type="checkbox"/> Accent
Callers voice: <input type="checkbox"/> Calm <input type="checkbox"/> Angry <input type="checkbox"/> Excited <input type="checkbox"/> Slow <input type="checkbox"/> Rapid <input type="checkbox"/> Soft <input type="checkbox"/> Loud <input type="checkbox"/> Laughing	<input type="checkbox"/> Crying <input type="checkbox"/> Normal <input type="checkbox"/> Distinct <input type="checkbox"/> Slurred <input type="checkbox"/> Whispered <input type="checkbox"/> Nasal <input type="checkbox"/> Stutter <input type="checkbox"/> Lisp	<input type="checkbox"/> Raspy <input type="checkbox"/> Deep <input type="checkbox"/> Ragged <input type="checkbox"/> Deep breathing <input type="checkbox"/> Cracking voice <input type="checkbox"/> Disguised <input type="checkbox"/> Clearing throat <input type="checkbox"/> Familiar		
Background sounds <input type="checkbox"/> Street noise <input type="checkbox"/> Kitchen noise <input type="checkbox"/> Voice <input type="checkbox"/> P.A. system <input type="checkbox"/> Music	<input type="checkbox"/> House noise <input type="checkbox"/> Factory/machinery <input type="checkbox"/> Animals <input type="checkbox"/> Static	<input type="checkbox"/> Long distance <input type="checkbox"/> Booth <input type="checkbox"/> Motor <input type="checkbox"/> Office equipment	<input type="checkbox"/> Cellular phone	
Additional information and/or comments:				
Receiving phone #	Office/location of telephone	Employee receiving threat		