



**BOMB THREAT REPORT**  
 NORTH DAKOTA HIGHWAY PATROL  
 SFN 51502 (09-2022)

Exact time of call:	Caller ID:
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Exact words of caller:

**QUESTIONS TO ASK**

1. When is the bomb going to explode?

2. Where is the bomb?

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. Where are you calling from?

9. What is your address?

10. What is your name?

**CALLER'S VOICE**

<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Gender Uncertain	<input type="checkbox"/> Adult	<input type="checkbox"/> Child	<input type="checkbox"/> Age Uncertain
<input type="checkbox"/> Calm	<input type="checkbox"/> Disguised	<input type="checkbox"/> Nasal	<input type="checkbox"/> Angry	<input type="checkbox"/> Broken	
<input type="checkbox"/> Stutter	<input type="checkbox"/> Slow	<input type="checkbox"/> Sincere	<input type="checkbox"/> Lisp	<input type="checkbox"/> Rapid	
<input type="checkbox"/> Giggling	<input type="checkbox"/> Deep	<input type="checkbox"/> Crying	<input type="checkbox"/> Squeaky	<input type="checkbox"/> Excited	
<input type="checkbox"/> Stressed	<input type="checkbox"/> Accent	<input type="checkbox"/> Loud	<input type="checkbox"/> Slurred	<input type="checkbox"/> Normal	

Other:

If voice is familiar, whom did it sound like?

**BACKGROUND SOUNDS**

<input type="checkbox"/> Street	<input type="checkbox"/> Factory	<input type="checkbox"/> Voices	<input type="checkbox"/> Clear
<input type="checkbox"/> Motor	<input type="checkbox"/> Office Machinery	<input type="checkbox"/> House noises	<input type="checkbox"/> Long distance
<input type="checkbox"/> PA system	<input type="checkbox"/> Music	<input type="checkbox"/> Animal noises	<input type="checkbox"/> Static

Other:

Person receiving call:

Telephone number call received at:	Date:
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**REPORT CALL IMMEDIATELY TO 328-9963 (NDHP COMMAND CENTER) OR 911**