

## GUIDELINES FOR HANDLING TELEPHONE THREATS

### GENERAL INSTRUCTIONS FOR THREATENING CALLS/BOMB THREATS

*REMAIN CALM, be courteous. Listen, do not interrupt the caller. Pretend difficulty hearing, "I'm sorry, we have a weak connection, could you speak up". Keep the caller talking.*

#### Section I – BOMB THREATS

1. Location of bomb <input type="checkbox"/> Internal <input type="checkbox"/> External	2. Date/Time bomb set to explode →	a. Date	b. Time <span style="float: right;">a.m. p.m.</span>					
3. Time call received <span style="float: right;">a.m. p.m.</span>		4. Date call received						
5. Exact location and description of bomb – a. If the caller indicates the bomb is in a NPC building, <i>ASK, "Is it in building 13?"</i>  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 15%;">Building</td> <td style="border: 1px solid black; width: 15%;">Bay</td> <td style="border: 1px solid black; width: 15%;">Room</td> <td style="border: 1px solid black; width: 25%;">City</td> <td style="border: 1px solid black; width: 30%;">State</td> </tr> </table>			Building	Bay	Room	City	State	b. Did the caller show a knowledge of the facility? – <i>Mark X one</i>  <input type="checkbox"/> Yes <input type="checkbox"/> No
Building	Bay	Room	City	State				
<b><i>THIS MAY BE A GOOD TIME TO PRETEND DIFFICULTY HEARING CALLER!!!</i></b>								
c. What does the bomb look like?		d. What material is the bomb made of?						
e. What will cause it to explode?		f. Where is the bomb placed?						
g. Did you place the bomb? <input type="checkbox"/> Yes <input type="checkbox"/> No	h. Where are you calling from?		i. What is your name?					
j. Why do you wish to harm innocent people?		k. Other pertinent information						

6. Telephone line data →	a. Time call ended <span style="float: right;">a.m. p.m.</span>	b. Telephone extension call received	c. Location	d. 800 number
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***IMMEDIATELY AFTER CALLER HANGS UP NOTIFY SECURITY CENTER ON (812) 218-3911 – SEE SECTION IV***

#### Section II – THREATENING CALLS

1. Location of calls <input type="checkbox"/> Internal <input type="checkbox"/> External	2. Personal threat or threat to others <input type="checkbox"/> Personal <input type="checkbox"/> Threat to others – <i>Specify</i> ↘ _____	3. Time received <span style="float: right;">a.m. p.m.</span>	4. Date received
<b><i>REMAIN CALM. Listen, do not interrupt the caller. Keep caller talking as long as possible.</i></b>			
Exact wording of the threat – _____ _____ _____			

5. Telephone line data →	a. Time call ended <span style="float: right;">a.m. p.m.</span>	b. Telephone extension call received	c. Location	d. 800 number
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***IMMEDIATELY AFTER CALLER HANGS UP NOTIFY SECURITY CENTER ON (812) 218-3911 – SEE SECTION IV***

#### Section III – OBSCENE CALLS

*Hang up at the first obscene word of a call or if there is no answer after your second "hello." If obscene calls continue, notify Security Center on (812) 218-3911.*

#### Section IV – ACTION TO TAKE IMMEDIATELY AFTER RECEIVING ANY THREATENING CALL

*NOTIFY SECURITY CENTER ON (812) 218-3911, give the officer the following information:*

- |                       |                       |   |
|-----------------------|-----------------------|---|
| 1. Nature of the call | 4. Branch/Unit        | 7. Telephone extension on which you received call |
| 2. Your name          | 5. Supervisor         | 8. 800 number, if applicable                      |
| 3. Your location      | 6. Time call received | 9. Duration of the call                           |

***NOTIFY YOUR SUPERVISOR/MANAGER, COMPLETE CHECKLIST ON REVERSE OF THIS FORM***

**Section V – TELEPHONE THREAT CHECKLIST – Mark all that apply**

<p align="center">VOICE SOUNDED</p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile <input type="checkbox"/> Loud <input type="checkbox"/> Soft <input type="checkbox"/> High pitch <input type="checkbox"/> Deep <input type="checkbox"/> Intoxicated <input type="checkbox"/> Disguised <input type="checkbox"/> Raspy <input type="checkbox"/> Pleasant <input type="checkbox"/> Other – <i>Specify</i> ↘ _____	<p align="center">SPEECH WAS</p> <input type="checkbox"/> Fast <input type="checkbox"/> Slow <input type="checkbox"/> Distinct <input type="checkbox"/> Distorted <input type="checkbox"/> Stutter <input type="checkbox"/> Nasal <input type="checkbox"/> Slurred <input type="checkbox"/> Lisp <input type="checkbox"/> Other – <i>Specify</i> ↘ _____	<p align="center">COMMAND OF LANGUAGE</p> <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Foul <input type="checkbox"/> Other <p align="center">ACCENT</p> <input type="checkbox"/> Local <input type="checkbox"/> Foreign <input type="checkbox"/> Regional <input type="checkbox"/> Other – <i>Specify</i> ↘ _____
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<p align="center">MANNER</p> <input type="checkbox"/> Calm <input type="checkbox"/> Angry <input type="checkbox"/> Rational <input type="checkbox"/> Irrational <input type="checkbox"/> Coherent <input type="checkbox"/> Incoherent <input type="checkbox"/> Deliberate <input type="checkbox"/> Emotional <input type="checkbox"/> Laughing <input type="checkbox"/> Crying <input type="checkbox"/> Other – <i>Specify</i> ↘ _____	<p align="center">BACKGROUND NOISE</p> <input type="checkbox"/> Factory machines <input type="checkbox"/> Train <input type="checkbox"/> Animals <input type="checkbox"/> Traffic <input type="checkbox"/> Airplanes <input type="checkbox"/> Bells <input type="checkbox"/> Horns <input type="checkbox"/> Voices <input type="checkbox"/> Music <input type="checkbox"/> Office machines <input type="checkbox"/> Quiet <input type="checkbox"/> Television <input type="checkbox"/> Party atmosphere <input type="checkbox"/> Crying <input type="checkbox"/> Children <input type="checkbox"/> Other – <i>Specify</i> ↘ _____
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1. Reiterate words of caller – \_\_\_\_\_

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2. Did you recognize voice?

No               Yes – *Explain* → \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

**Section VI – REPORTING OF THREAT**

1. Name of person receiving call	2. Branch	3. Unit
4. Location ( <i>Building/Room/Bay</i> )	5. Supervisor	
6. Signature	7. Date	