

Threat/Security Incident Report

When a threat is made or a security incident occurs:

- Immediately contact law enforcement and follow their instructions.
- Save all physical evidence related to the threat for law enforcement.
- Complete this report as soon as possible after the incident.
- Submit this report to law enforcement, the head of the agency or department, and the district court administrator/chief judge.

Describe the incident or the exact wording used in making the threat. (Do not paraphrase.)	
Did the person indicate what you were supposed to do in response to the threat? (Do not paraphrase.)	
BOMB THREAT – Questions to Ask (Try to ask these questions and write down the exact answer.)	How was the threat made? <input type="checkbox"/> Telephone <input type="checkbox"/> In person <input type="checkbox"/> By mail <input type="checkbox"/> Other: _____
When is the BOMB going to explode?	Were any weapons used?
Where is the BOMB going to explode?	Time of Threat <input type="checkbox"/> am <input type="checkbox"/> pm
What does the BOMB look like?	Date of Threat
What kind of BOMB is it?	Who made the threat?
What will make the BOMB explode?	Who do you think the person was? <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Adult <input type="checkbox"/> Child
Did you place the BOMB?	Telephone Threats
Who were you trying to call?	Caller's Voice <input type="checkbox"/> Calm <input type="checkbox"/> Lisp <input type="checkbox"/> Disguised <input type="checkbox"/> Angry <input type="checkbox"/> Nasal <input type="checkbox"/> Slurred <input type="checkbox"/> Excited <input type="checkbox"/> Raspy <input type="checkbox"/> Accent: _____ <input type="checkbox"/> Slow <input type="checkbox"/> Stutter <input type="checkbox"/> Other: _____
What is your name?	Threat Language <input type="checkbox"/> Irrational <input type="checkbox"/> Well spoken <input type="checkbox"/> Foul <input type="checkbox"/> Incoherent <input type="checkbox"/> Read message <input type="checkbox"/> Taped
What is your address?	Background Sounds <input type="checkbox"/> Voices <input type="checkbox"/> Music <input type="checkbox"/> Hospital <input type="checkbox"/> Street noise <input type="checkbox"/> Office <input type="checkbox"/> Restaurant <input type="checkbox"/> Children <input type="checkbox"/> Factory <input type="checkbox"/> Other: _____ <input type="checkbox"/> Animal noise <input type="checkbox"/> PA system
OTHER THREATS – Questions to Ask (Try to ask these questions and write down the exact answer.)	Where did the threat/incident occur?
What is going to happen?	Phone number to which the call was made?
When is it going to happen?	Phone number at which the call was taken?
Where is it going to happen?	Name of Person Completing Report
Are you the one who is going to do it?	Position
Why are you making this threat?	Telephone Number
Who were you trying to call?	Date
What is your name?	
What is your address?	