

## Phone Threat Report Form

### INSTRUCTIONS

*This form is intended to be used by utility staff members that regularly answer phone calls from the public (e.g., call center operators). The purpose of this form is to help these staff capture as much information from a threatening phone call while the caller is on the line. However, this form may still prove useful for interviewing the utility staff member who answered the call after the caller has hung up. The information collected on this form will be critical to the threat evaluation process.*

### THREAT NOTIFICATION

**Name of person receiving the call:** \_\_\_\_\_

**Date phone call received:** \_\_\_\_\_ **Time phone call received:** \_\_\_\_\_

**Time phone call ended:** \_\_\_\_\_ **Duration of phone call:** \_\_\_\_\_

**Originating number:** \_\_\_\_\_ **Originating name:** \_\_\_\_\_

*If the number/name is not displayed on the caller ID, press \*57 (or call trace) at the end of the call and inform law enforcement that the phone company may have trace information.*

**Is the connection clear?** ☐ Yes ☐ No

**Could call be from a wireless phone?** ☐ Yes ☐ No

### DETAILS OF THREAT

**Has the water already been contaminated?** ☐ Yes ☐ No

**Date and time of contaminant introduction known?** ☐ Yes ☐ No

Date and time if known: \_\_\_\_\_

**Location of contaminant introduction known?** ☐ Yes ☐ No

Site Name: \_\_\_\_\_

#### Type of facility

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Source water        | <input type="checkbox"/> Treatment plant       | <input type="checkbox"/> Pump station             |
| <input type="checkbox"/> Ground storage tank | <input type="checkbox"/> Elevated storage tank | <input type="checkbox"/> Finished water reservoir |
| <input type="checkbox"/> Distribution main   | <input type="checkbox"/> Hydrant               | <input type="checkbox"/> Service connection       |
| <input type="checkbox"/> Other _____         |  |   |

Address: \_\_\_\_\_

Additional Site Information: \_\_\_\_\_

**Name or type of contaminant known?**   ☐ Yes      ☐ No

Type of contaminant

☐ Chemical

☐ Biological

☐ Radiological

Specific contaminant name/description: \_\_\_\_\_

\_\_\_\_\_

**Mode of contaminant introduction known?**   ☐ Yes      ☐ No

Method of addition:    ☐ Single dose   ☐ Over time   ☐ Other \_\_\_\_\_

Amount of material: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

**Motive for contamination known?**      ☐ Yes      ☐ No

☐ Retaliation/revenge

☐ Political cause

☐ Religious doctrine

☐ Other \_\_\_\_\_

Describe motivation: \_\_\_\_\_

\_\_\_\_\_

## **CALLER INFORMATION**

### **Basic Information:**

Stated name: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Phone number: \_\_\_\_\_

Location/address: \_\_\_\_\_

### **Caller's Voice:**

Did the voice sound disguised or altered?      ☐ Yes      ☐ No

Did the call sound like a recording?      ☐ Yes      ☐ No

Did the voice sound?    ☐ Male / ☐ Female      ☐ Young / ☐ Old

Did the voice sound familiar?      ☐ Yes      ☐ No

If 'Yes,' who did it sound like? \_\_\_\_\_

Did the caller have an accent?      ☐ Yes      ☐ No

If 'Yes,' what nationality? \_\_\_\_\_

How did the caller sound or speak?

- |   |                                      |                                     |
|---|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Educated         | <input type="checkbox"/> Well spoken | <input type="checkbox"/> Illiterate |
| <input type="checkbox"/> Irrational       | <input type="checkbox"/> Obscene     | <input type="checkbox"/> Incoherent |
| <input type="checkbox"/> Reading a script | <input type="checkbox"/> Other _____ |                                     |

What was the caller's tone of voice?

- |                                      |                                  |                                  |  |
|--------------------------------------|----------------------------------|----------------------------------|--|
| <input type="checkbox"/> Calm        | <input type="checkbox"/> Angry   | <input type="checkbox"/> Lisp    | <input type="checkbox"/> Stuttering/broken |
| <input type="checkbox"/> Excited     | <input type="checkbox"/> Nervous | <input type="checkbox"/> Sincere | <input type="checkbox"/> Insincere         |
| <input type="checkbox"/> Slow        | <input type="checkbox"/> Rapid   | <input type="checkbox"/> Normal  | <input type="checkbox"/> Slurred           |
| <input type="checkbox"/> Soft        | <input type="checkbox"/> Loud    | <input type="checkbox"/> Nasal   | <input type="checkbox"/> Clearing throat   |
| <input type="checkbox"/> Laughing    | <input type="checkbox"/> Crying  | <input type="checkbox"/> Clear   | <input type="checkbox"/> Deep breathing    |
| <input type="checkbox"/> Deep        | <input type="checkbox"/> High    | <input type="checkbox"/> Raspy   | <input type="checkbox"/> Cracking          |
| <input type="checkbox"/> Other _____ |                                  |                                  |  |

Were there background noises coming from the caller's end?

- |  |                |
|--|----------------|
| <input type="checkbox"/> Silence               |                |
| <input type="checkbox"/> Voices                | describe _____ |
| <input type="checkbox"/> Children              | describe _____ |
| <input type="checkbox"/> Animals               | describe _____ |
| <input type="checkbox"/> Factory sounds        | describe _____ |
| <input type="checkbox"/> Office sounds         | describe _____ |
| <input type="checkbox"/> Music                 | describe _____ |
| <input type="checkbox"/> Traffic/street sounds | describe _____ |
| <input type="checkbox"/> Airplanes             | describe _____ |
| <input type="checkbox"/> Trains                | describe _____ |
| <input type="checkbox"/> Ships or large boats  | describe _____ |
| <input type="checkbox"/> Other: _____          |                |

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**SIGNOFF**

Name of call recipient:

Print name \_\_\_\_\_

Signature \_\_\_\_\_ Date/Time: \_\_\_\_\_

Name of person completing form (if different from call recipient):

Print name \_\_\_\_\_

Signature \_\_\_\_\_ Date/Time: \_\_\_\_\_