

SECTION 10

DEPARTMENT OF THE NAVY
TELEPHONIC THREAT COMPLAINT (OPNAV 5527/8)

A. Purpose. Department of Navy personnel use this form to record and report any bomb threats and other threatening communications received by telephone. This form should be kept in close proximity to telephones. The completed OPNAV 5527/8 form is distributed to locations that are likely targets for bomb threats such as, quarterdecks, Officer of the Day (OOD) phones, police and fire dispatchers, schools, etc. It is also an enclosure to the Incident/Complaint Report (ICR), OPNAV 5527/1, see Section 1 of this guide.

B. Procedures. This guide describes step-by-step procedures for completing the blocks in OPNAV 5527/8. Figures 10-1 through 10-8 depict the blanks in each section. Attachment (1) provides a sample of a completed Telephonic Threat Complaint (OPNAV 5527/8).

1. Block 1, Command (Figure 10-1)

a. Enter the name and address of the command, e.g., Aircraft Repair Facility, NAS Bravo, and the main telephone number for the command receiving the threat.

| | | |
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| <p>DEPARTMENT OF THE NAVY</p> <p>TELEPHONIC THREAT COMPLAINT</p> | | <p>IF BOMB THREAT, ASK THE CALLER</p> <ul style="list-style-type: none">• WHEN IS THE BOMB TO GO OFF?• WHERE IS THE BOMB TO GO OFF?• WHAT KIND OF BOMB IS IT?• WHAT DOES THE BOMB LOOK LIKE?• WHERE ARE YOU CALLING FROM? |
| <p>1. COMMAND</p> | | |
| <p>a. Name & Address</p> | | <p>b. Phone No</p> |

Figure 10-1

2. Block 2, Complainant (Figure 10-2)

a. If the complainant is the person who received the call, enter "see Section 3". Many times the person receiving the call will not be the same person who calls the Security Department. For example, the telephone watch on the quarterdeck may receive a call and report it to the OOD who then calls Security. In this case, the OOD is the complainant. The full name of the complainant is entered, social security number (SSN), rate/rank and branch of service and the organization when applicable, e.g., LT William R. Chevers, USN, 321-12-3456, OOD.

| |
|-----------------------|
| 2. COMPLAINANT |
| a. Name |

Figure 10-2

3. Block 3, Person Receiving Call (Figure 10-3)

a. All of block 3 concerns the person who actually received the telephone threat. To provide identification of the person answering the telephone (recipient) and speaking with the caller, enter in blocks 3.a. through 3.d., the recipient's full name, rate/rank and branch of service, date and place of birth (DFOB), name and address of the command, and work and home phone numbers.

| | |
|---------------------------------|----------------------------------|
| 3. PERSON RECEIVING CALL | |
| a. Name | b. Date & Place of Birth |
| c. Command Name & Address | d. Phone Number (Work) (Home) |

Figure 10-3

4. Block 4, Telephone Call Received On (Figure 10-4)

a. Enter the telephone number, including area code, of the telephone on which the call was received, and the location, e.g., Quarterdeck, Bldg. #1, NAS. Mark an "X" in the applicable box to indicate where the telephone number is listed.

| | |
|--|---|
| 4. TELEPHONE CALL RECEIVED ON | |
| a. Phone Number (include area code) | b. Location |
| c. Phone number listed in (✓ all that apply) | |
| <input type="checkbox"/> Unlisted | <input type="checkbox"/> Command Directory <input type="checkbox"/> Base Directory <input type="checkbox"/> Local Directory |
| <input type="checkbox"/> Other (list) | |

Figure 10-4

5. Block 5, Details of Call (Figure 10-5)

a. Enter in the appropriate boxes the date, day of the week and the time the call was received, e.g., 08AUG9__, Thursday, 2330.

| 5. DETAILS OF CALL | | |
|--------------------|----------------|---------|
| a. Date | b. Day of Week | c. Time |

Figure 10-5

6. Block 6, Context of Conversation (Figure 10-6)

a. Enter the conversation exactly as it occurred on the RECIPIENT and CALLER lines 6.a. through 6.f. If more space is needed, continue on the reverse side of the form, indicating "Recipient" or "Caller" for each part of the conversation.

b. If the call is a bomb threat, attempt to get answers to the following questions:

- (1) When is the bomb to go off?
- (2) Where is the bomb to go off?
- (3) What kind of bomb is it?
- (4) What does the bomb look like?
- (5) Where are you calling from?

| 6. CONTEXT OF CONVERSATION | |
|----------------------------|--|
| a. Recipient " | |
| b. Caller " | |
| c. Recipient " | |
| d. Caller " | |
| e. Recipient " | |
| f. Caller " | |

Figure 10-6

7. Blocks 7 and 8 (Figure 10-7)

a. Block 7, Background Noises. Describe any types of background noises that were heard during the conversation, e.g., music and voices that would indicate a restaurant/bar.

b. Block 8, Information About Caller/Characteristics. Enter the details about the caller as appropriate in boxes 8.a. through 8.g. Indicate whether the caller is male or female, enter approximate age - such as "young adult", race if distinguishable, any type of national or regional accent detected in the callers voice, the approximate educational level of the caller, the caller's attitude - calm, nervous, and any additional information about the caller which might be helpful for identification, e.g., voice or speech peculiarities, repeated phrases or words, etc..

| | | | |
|--|--------|--------------------------------------|-----------|
| 7. BACKGROUND NOISES (Describe street sounds, voices, music, etc. If more space is needed, continue on reverse.) | | | |
| | | | |
| 8. INFORMATION ABOUT CALLER/VOICE CHARACTERISTICS | | | |
| a. Sex | b. Age | c. Race | d. Accent |
| e. Educational Level | | f. Attitude (Calm, Nervous, Serious) | |
| g. Other | | | |

Figure 10-7

8. Blocks 9 through 11 (Figure 10-8)

a. Block 9, Witnesses. Mark the applicable box with an "X" to indicate whether there was a witness to the call. If there was a witness enter the name, rate/rank and organization assigned.

b. Block 10, Suspicions as to Callers Identity. Enter an "X" in the applicable box if the recipient of the call has any suspicion as to the caller's identity.

c. Block 11, Notification of Authority. Enter an "X" in the applicable box(es) to indicate all of the authorities notified of this Telephonic Threat Complaint.

Note: Notification of other agencies not specified in block 11 can be detailed in the ICR.

| | |
|--|---|
| 9. WERE THERE ANY WITNESSES TO THE CALL? <input type="checkbox"/> No <input type="checkbox"/> Yes (List name) | 10. DO YOU HAVE ANY SUSPICION AS TO THE IDENTITY OF THE CALLER? <input type="checkbox"/> No <input type="checkbox"/> Yes (List name) |
| 11. NOTIFICATION OF AUTHORITY ("X" all notified) | |
| <input type="checkbox"/> CO <input type="checkbox"/> XO <input type="checkbox"/> OOD <input type="checkbox"/> Security <input type="checkbox"/> NISRA <input type="checkbox"/> Telephone Company <input type="checkbox"/> EOD <input type="checkbox"/> Fire Dept | |

OPNAV 5527/6 (12-82)

SN 0107-LF-055-2740

Figure 10-8

| | | | |
|---|--|--|---|
| DEPARTMENT OF THE NAVY TELEPHONIC THREAT COMPLAINT | | IF BOMB THREAT, ASK THE CALLER • WHEN IS THE BOMB TO GO OFF? • WHERE IS THE BOMB TO GO OFF? • WHAT KIND OF BOMB IS IT? • WHAT DOES THE BOMB LOOK LIKE? • WHERE ARE YOU CALLING FROM? | |
| 1. COMMAND | | | |
| a. Name & Address | | b. Phone No. | |
| Aircraft Repair Facility, NAS Bravo | | 342-8050 | |
| 2. COMPLAINANT | | | |
| a. Name LT William R. CHEVERS, USN, 321-12-3456, OOD | | | |
| 3. PERSON RECEIVING CALL | | | |
| a. Name SN Mary Ellen WASHINGTON, USN | | b. Date & Place of Birth 25 May 64, Detroit, MI | |
| c. Command Name & Address NAS Bravo AIMD | | d. Phone Number (Work) 344-3204 (Home) 344-3010 (Bks) | |
| 4. TELEPHONE CALL RECEIVED ON | | | |
| a. Phone Number (include area code) (111) 342-8050 | | b. Location Quarterdeck, Bldg. #1, NAS | |
| c. Phone number listed in ("X" all that apply) | | | |
| <input type="checkbox"/> Unlisted | | <input type="checkbox"/> Command Directory <input type="checkbox"/> Base Directory <input checked="" type="checkbox"/> Local Directory | |
| <input type="checkbox"/> Other (list) | | | |
| 5. DETAILS OF CALL | | | |
| a. Date 08 Aug 9_ | | b. Day of Week Thursday | c. Time 2330 |
| 6. CONTEXT OF CONVERSATION | | | |
| a. Recipient - NAS Bravo Quarterdeck, SN Washington. | | | |
| b. Caller - Is this the airport? | | | |
| c. Recipient - It's the Naval Air Station. | | | |
| d. Caller - That's OK, cause I put a bomb on an airplane. | | | |
| e. Recipient - What? What airplane? | | | |
| f. Caller - You'll find out. // Hung up. | | | |
| 7. BACKGROUND NOISES (Describe street sounds, voices, music, etc. If more space is needed, continue on reverse.) | | | |
| Music and voices (similar to a bar) | | | |
| 8. INFORMATION ABOUT CALLER/VOICE CHARACTERISTICS | | | |
| a. Sex Male | b. Age young adult | c. Race caucasian | d. Accent local |
| e. Educational Level unknown | | f. Attitude (Calm, Nervous, Serious) | |
| g. Other sounded under the influence of alcohol. | | | |
| 9. WERE THERE ANY WITNESSES TO THE CALL? <input type="checkbox"/> No | | 10. DO YOU HAVE ANY SUSPICION AS TO THE IDENTITY OF THE CALLER? <input checked="" type="checkbox"/> No | |
| <input checked="" type="checkbox"/> Yes (List name) LT CHEVERS, OOD | | <input type="checkbox"/> Yes (List name) | |
| 11. NOTIFICATION OF AUTHORITY ("X" all notified) | | | |
| <input checked="" type="checkbox"/> CO | <input type="checkbox"/> XO | <input checked="" type="checkbox"/> OOD | <input checked="" type="checkbox"/> Security |
| <input checked="" type="checkbox"/> NISRA | <input type="checkbox"/> Telephone Company | <input checked="" type="checkbox"/> EOD | <input checked="" type="checkbox"/> Fire Dept |

DEPARTMENT OF THE NAVY

TELEPHONIC THREAT COMPLAINT

IF BOMB THREAT, ASK THE CALLER

- WHEN IS THE BOMB TO GO OFF?
- WHERE IS THE BOMB TO GO OFF?
- WHAT KIND OF BOMB IS IT?
- WHAT DOES THE BOMB LOOK LIKE?
- WHERE ARE YOU CALLING FROM?

| | | | |
|---|---|--|-----------|
| 1. COMMAND | | | |
| a. Name & Address | b. Phone No. | | |
| 2. COMPLAINANT | | | |
| a. Name | | | |
| 3. PERSON RECEIVING CALL | | | |
| a. Name | b. Date & Place of Birth | | |
| c. Command Name & Address | d. Phone Number (Work) (Home) | | |
| 4. TELEPHONE CALL RECEIVED ON | | | |
| a. Phone Number (Include area code) | b. Location | | |
| c. Phone number listed in ("X" all that apply) | | | |
| <input type="checkbox"/> Unlisted <input type="checkbox"/> Other (List) <input type="checkbox"/> Command Directory <input type="checkbox"/> Base Directory <input type="checkbox"/> Local Directory | | | |
| 5. DETAILS OF CALL | | | |
| a. Date | b. Day of Week | c. Time | |
| 6. CONTEXT OF CONVERSATION | | | |
| a. Recipient " | | | |
| b. Caller " | | | |
| c. Recipient " | | | |
| d. Caller " | | | |
| e. Recipient " | | | |
| f. Caller " | | | |
| 7. BACKGROUND NOISES (Describe street sounds, voices, music, etc. If more space needed, continue on reverse.) | | | |
| | | | |
| 8. INFORMATION ABOUT CALLER/VOICE CHARACTERISTICS | | | |
| a. Sex | b. Age | c. Race | d. Accent |
| e. Educational Level | | f. Attitude (Calm, Nervous, Serious) | |
| g. Other | | | |
| 9. WERE THERE ANY WITNESSES TO THE CALL? <input type="checkbox"/> No | | 10. DO YOU HAVE ANY SUSPICION AS TO THE IDENTITY OF THE CALLER? <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes (List Name) | | <input type="checkbox"/> Yes (List Name) | |
| 11. NOTIFICATION OF AUTHORITY ("X" all notified) | | | |
| <input type="checkbox"/> CO <input type="checkbox"/> XO <input type="checkbox"/> OOD <input type="checkbox"/> Security <input type="checkbox"/> NISRA <input type="checkbox"/> Telephone Co. <input type="checkbox"/> EOD <input type="checkbox"/> Fire Dept. | | | |

