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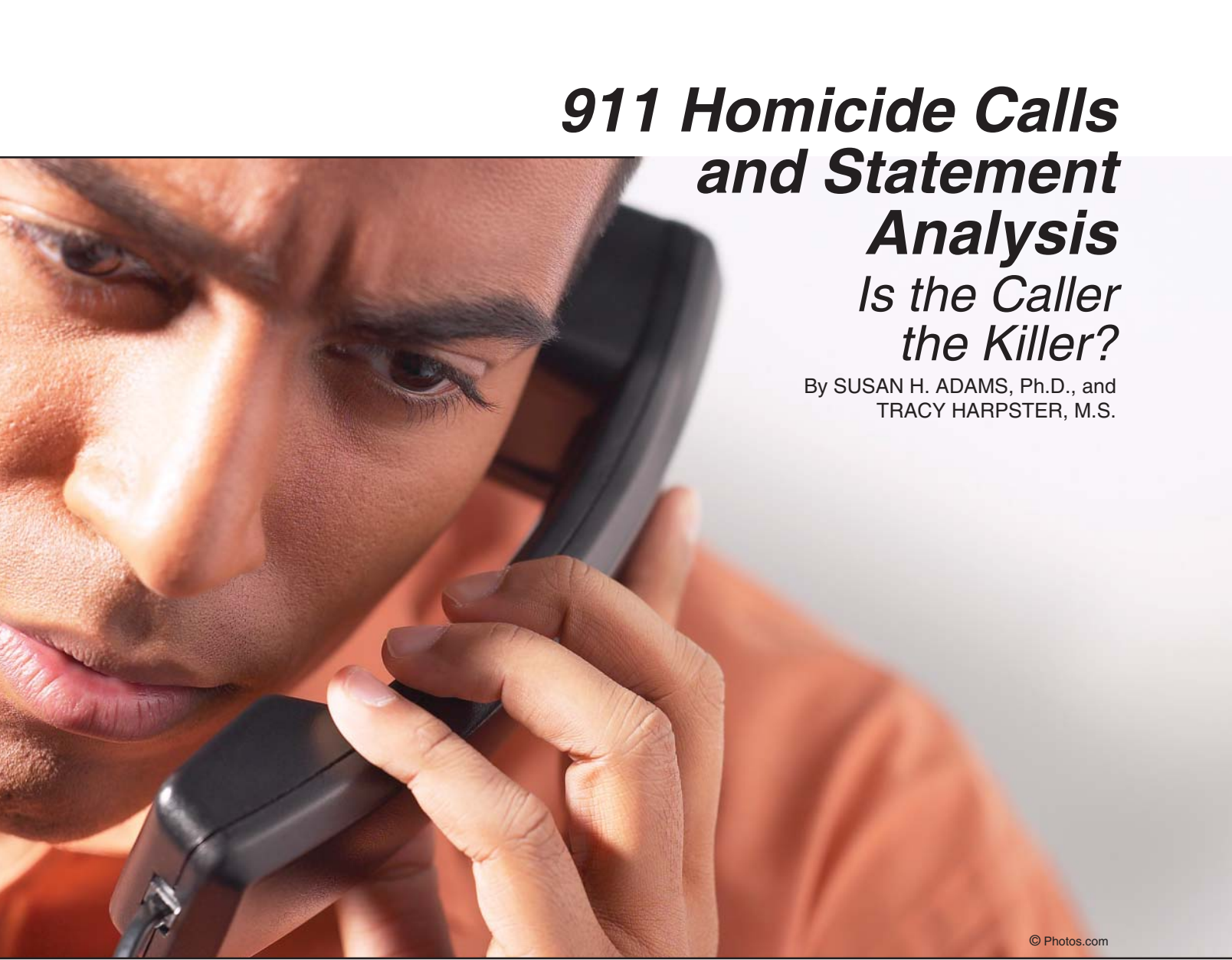
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911 Homicide Calls and Statement Analysis

Is the Caller the Killer?

By SUSAN H. ADAMS, Ph.D., and
TRACY HARPSTER, M.S.

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A frantic young man called 911: “Get an ambulance to 168 Birch. My friend’s been shot!” In another instance, the father of a 1-year-old boy reported, “Yes, ma’am...my, my son can’t breathe.”

Do 911 homicide calls contain clues that could help investigators identify the killer? In these two examples, the first caller demanded immediate

medical assistance for his friend and did not commit the crime. In the second instance, the father politely reported his child’s condition, never asking for help for his son or expressing any urgency. He had shaken the boy, who later died.

Such calls provide invaluable clues to investigators because the caller, in fact, may have committed the crime. It is not unusual for homicide

offenders to contact 911 without revealing their involvement in the murder.¹

Homicide calls are unique. They originate from distressed callers confronted with urgent life-and-death situations. These initial contacts can contain the most valuable statements—those least contaminated by suspects’ attempts to conceal the truth, attorneys’ advice to remain silent, and investigators’

leading questions.² In these instances, the dispatcher simply asks, “What is your emergency?” and the caller responds with insightful, uncontaminated verbal and vocal clues.

Fortunately, 911 calls are recorded. Therefore, investigators have access to a transcript, the actual call, and, thus, important evidence. They can examine both the words and the tone of voice. An analysis of the calls can provide investigators with immediate insight and interviewing strategies to help solve homicide cases.

The authors analyzed 100 homicide calls from adjudicated cases to examine the differences between innocent and guilty callers.³ Innocent individuals made 50 of the calls, and guilty persons who either committed the homicide or arranged for another person to do so made the other half. Specific differences appeared that helped distinguish innocent callers from guilty ones during an examination of the answers to the following three questions: 1) What was the call about? 2) Who was the call about? and 3) How was the call made?

WHAT WAS THE CALL ABOUT?

Request for Help

When analyzing a 911 homicide call, the investigator’s

primary question should be, Was the caller requesting assistance? If not, why not? Was the individual simply reporting a crime? Almost twice as many innocent callers (67 percent) in this study asked for help for the victim than did guilty callers (34 percent).

Relevance of Information

During the dispatchers’ questioning, few of the guilty 911 callers actually lied unless forced to. Most of them deceived by omission, rather than commission. In lieu of offering the complete truth, such as I did it, many provided rambling information, instead of concise points; confusing, rather than clear, details; and extraneous information, instead of relevant

facts. These details, although, irrelevant to the dispatchers’ questions, frequently related to the criminal act. People who provide more information than necessary may be attempting to convince someone of a deceptive story, rather than simply conveying truthful information.⁴ In this regard, investigators must listen carefully to the complete call because the caller may have provided information that reveals vital clues to the homicide.

Dispatcher: What is your emergency?

Guilty caller: Um, I... I need someone out here right now for my little daughter.

Dispatcher: What’s going on?



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Guilty caller: She threw up water. She...um...when she... when she got off the stool... she was drinking water, and we told her to get down, and she threw herself down off the floor...off the stool.

The caller, the father of an adopted 4-year-old girl, mentioned water twice. Although extraneous to the question asked, this had critical relevance to the case. The investigation revealed that the girl disobeyed the caller by taking a sip of her sister's (his biological daughter) drink. As punishment, the man tied the victim's hands behind her back and forced her to drink 64 ounces of water. She died of hyponatremia, a dangerously low sodium concentration in the blood, caused by rapid ingestion of the water.

Innocent callers, instead of adding extraneous information, were more likely to focus on the objective—getting medical assistance for the victim as soon as possible. According to the four maxims of communication, people should provide accurate, concise, clear, and relevant information;⁵ most innocent callers in the study did so to obtain immediate medical assistance.

Dispatcher: What is your emergency?

Innocent caller: I'm at the East End Bar. Please, there's been gunfire. People are running out of the building.

We need help as soon as possible.

Forty-four percent of the 911 homicide callers included extraneous information in their call. Of those, 96 percent were guilty of the offense, and only 4 percent were innocent. Extraneous information was the strongest indicator of guilt in the study.

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It is not unusual for homicide offenders to contact 911 without revealing their involvement in the murder.

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Attitude Toward the Victim

Blame or insults toward a dying victim in 911 calls indicate strained relationships. As an example, a father called 911 to report that his 4-year-old daughter was in serious medical distress.

Dispatcher: Do you know what's wrong with your daughter?

Guilty caller: Not a clue.

Dispatcher: Has she taken any medications?

Guilty caller: Maybe. She's very, very sneaky. She threw a huge temper tantrum earlier. She might have taken something.

As his daughter lay dying, the father unexpectedly insulted her with the description “very, very sneaky” and referred to her “huge temper tantrum.” He later was convicted of her murder.

Similarly, individuals should not blame dying victims for the predicament. For illustration, a woman called 911 to report that her husband had been shot.

Dispatcher: Was this accidental or on purpose?

Guilty caller: We were having a domestic fight, and he threw me on the bed and grabbed my purse so I couldn't leave.

Instead of answering the dispatcher's question, the wife blamed her husband for his fatal injury, suggesting that he was responsible for his death because he threw her on the bed and stopped her from leaving. The subsequent investigation revealed that the woman intentionally shot and killed him; she was convicted of his murder.

Five percent of the callers in the study insulted or blamed the victim, and all were guilty of the homicide. No innocent callers did so; they simply sought help (e.g., “A kid fell down the steps. He's bleeding real bad. Hurry!”).

Accuracy of Facts

Innocent callers in this study were much more likely than guilty ones to correct erroneous information when additional details revealed discrepancies.

Dispatcher: 911. What is your emergency?

Innocent caller: There's a man been shot down the hall of my apartment.

Dispatcher: Can you check and see if he has a pulse?

Innocent caller: OK.
(The caller checks on the victim.)

Innocent caller: I thought it was a man, but it's a lady. It's a lady, and I didn't feel a pulse.

The caller was innocent, did not know the victim, and had assumed that the person was male. After learning additional information, he corrected the previous inaccuracy about the victim's gender.

Also, innocent 911 callers remained more consistent regarding facts. In contrast, several guilty callers provided information that conflicted with previously provided details and failed to resolve the discrepancy. For example, a mother contacted 911 to report that her baby was not breathing.

Dispatcher: How long has your baby not been breathing?

Guilty caller: Just now. She's been fine for the last few hours.

Dispatcher: Has she been sick lately?

Guilty caller: No, we were just sleeping, and the phone woke me up.



The caller advised the dispatcher that her baby had "been fine for the last few hours." However, she later added a conflicting statement indicating that the phone just woke her. How could she have known her child's condition? The mother was charged and convicted of killing her daughter.

Twenty-eight percent of the 911 homicide callers gave conflicting facts and failed to correct them; all were guilty of the offense. Six percent of the callers corrected themselves when they learned additional information, and all of these were innocent.

WHO WAS THE CALL ABOUT?

Topic of the Call

When contacting 911, innocent individuals remained focused on the victim. For example, one caller urgently stated, "This guy's hurt real bad. Tell them to hurry!"

Why would individuals call the emergency line and concentrate on themselves, reporting a problem without asking the dispatcher for assistance for the person who needs it? The following dialogue occurred when a father called 911 concerning his son:

Dispatcher: 911. What is your emergency?

Guilty caller: I have an unconscious child who is breathing very shallowly.

In this case, the father took personal possession of a problem ("I have") and referred to his problem (his dying son) as "an unconscious child." When the paramedics arrived at the residence, the child already had died. The father had assaulted his son, causing cerebral hemorrhaging. Twelve percent of the 911 callers in the study took personal possession of the problem. All were guilty of the homicide.

Focus of the Help

When individuals call 911 because someone is in critical

condition, they logically will ask for help for the victim, even if the callers themselves need assistance. However, when callers request help only for themselves and not the victim, homicide investigators should realize that the caller could, in fact, be the killer. As an example, a young man called 911 to report that his father was dead.

Dispatcher: What happened to your father?

Guilty caller: Say something to me! Help me!

In this example, the caller wanted help for himself and never asked for help for his father. The investigation revealed that the son shot his sleeping parent. The man died of the wound, and the son was convicted of the crime. Seven percent of the callers in the study requested help for themselves and not for the victim. All were guilty of the homicides.

Conversely, 41 percent of callers requested help for the victim alone; 68 percent of these were innocent, and 32 percent were guilty. The following call serves as an example of an innocent individual demanding assistance for a victim:

Dispatcher: What's your emergency?

Innocent caller: Both her eyes are open, and blood's coming out of her mouth. Send somebody!

Attitude Toward the Victim's Death

People can survive horrific injuries, such as gunshot wounds to the head and stab wounds to the heart. Therefore, a 911 caller should demand help for the victim, even if survival appears doubtful. The caller should not accept the victim's death before the person's actual condition becomes known.

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...homicide investigators should realize that the caller could, in fact, be the killer.

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For instance, patrol officers who have informed a citizen that a family member has been killed in a traffic accident know that people often respond with denial because of their inability to immediately process such shocking information. The surviving family members cannot accept the fact that their loved one is dead, and they want every lifesaving measure attempted, even demanding medical help for individuals in full rigor. The following quote is from an innocent witness trying

desperately to save a life: “He don't have a pulse. He don't have nothing! Just please send somebody.”

However, a caller stating that a victim is dead without absolute proof (e.g., decapitation) would raise serious questions. An example illustrates this point:

Dispatcher: 911. What is your emergency?

Guilty caller: I just heard a gunshot in the apartment next door, and I went over. My neighbor is dead!

In this case, the caller immediately declared the mortality of the victim. The subsequent investigation revealed that the caller had been romantically interested in his neighbor. He later confessed that he killed the victim because she refused to date him.

In the homicides in which mortality was not obvious, 23 percent of the callers accepted the death of the victim. Of this total, all were guilty of the homicide.

HOW WAS THE CALL MADE?

Voice Modulation

Investigators gain a distinct advantage when analyzing 911 calls in that they can hear the caller's voice, rather than relying solely on a written transcript. How someone delivered a message can offer

911 COPS (Considering Offender Probability in Statements) Scale

To use the COPS Scale, investigators simply place a mark at the appropriate end (toward guilty or innocent) of the line corresponding with each descriptor and then determine the side on which the majority of marks appear. In the following example, most of the marks indicated guilt. The caller later confessed to coercing her boyfriend into killing her husband.

Dispatcher: 911. What is your emergency?

Caller: Please help me!

Dispatcher: What's going on?

Caller: My husb.... I just walked in the house. My husband's dead!

Dispatcher: Ma'am, how do you know he's dead?

Caller: He's not breathing. He's cold!

Dispatcher: OK. We're on our way to help you.

Caller: Please help me! Please help me! Please help me!

Dispatcher: OK. Stay on the line with me.

Caller: He's dead! Somebody shot my husband! I just got home.
Please help me! I don't know how long he's been dead.

Innocent Callers

Guilty Callers

What was the call about?

Request for help for victim
Relevant information
Concern for victim
Correction of facts

<input type="checkbox"/>	-----	<input checked="" type="checkbox"/>
<input type="checkbox"/>	-----	<input checked="" type="checkbox"/>
<input type="checkbox"/>	-----	<input type="checkbox"/>
<input type="checkbox"/>	-----	<input type="checkbox"/>

No request for help for victim
Extraneous information
Insulting or blaming victim
Conflicting facts

Who was the call about?

Help requested for victim
Focus on victim's survival
No acceptance of victim's deaths

<input type="checkbox"/>	-----	<input checked="" type="checkbox"/>
<input type="checkbox"/>	-----	<input type="checkbox"/>
<input type="checkbox"/>	-----	<input checked="" type="checkbox"/>

Help requested for caller only
Focus on caller's problem
Acceptance of victim's death

How was the call made?

Voice modulation
Urgently, rudely demanding
Cooperation with dispatcher
No self-interruptions

<input checked="" type="checkbox"/>	-----	<input type="checkbox"/>
<input type="checkbox"/>	-----	<input type="checkbox"/>
<input type="checkbox"/>	-----	<input type="checkbox"/>
<input type="checkbox"/>	-----	<input checked="" type="checkbox"/>

No voice modulation
Polite and patient
Resists cooperation
Self-interruptions

as much insight as the message itself. Did the caller use voice modulation with loud volume, fast speed, varied pitch, and emotional tones? Or, did the caller lack voice modulation by communicating in a low, slow, even, and unemotional manner? Emergency situations demand urgency, and previous studies of homicide statements have shown that the presence of emotion indicates veracity.⁶

Most often in this study, when making genuine demands for medical assistance for critically injured victims, callers displayed voice modulation, rather than an even-paced, emotionless, and robotic tone. Yet, the absence of voice modulation was even more informative than its presence. Only 4 percent of innocent callers had no voice modulation, while 35 percent of guilty callers lacked voice modulation.

Urgency of the Call

When individuals call 911 to obtain medical assistance in a grave medical emergency, they logically will make an urgent demand for help. A study of arson emergency calls in London supported this claim.⁷

The following exchange occurred after an innocent witness observed a drive-by shooting:

Dispatcher: 911. What is your emergency?

Innocent caller: I need an ambulance at 78 North Central Street! Hurry up!

Dispatcher: What's the phone number you are calling from?

Innocent caller: Just get to 78 North Central!

Dispatcher: What's your phone number, sir?

Innocent caller: She's shot in the head! I don't know! Just send somebody!

“

Investigators gain a distinct advantage when analyzing 911 calls in that they can hear the caller's voice....

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The caller demanded an immediate response from medical personnel. This contrasted with callers who patiently and politely used such words as *please* and *thank you* or calmly took their time, beginning their call with the casual word *hi*.

A woman who murdered her spouse called 911 to report that an unknown assailant had shot her and her husband. The

opening dialogue in the call is an example of that of a guilty caller.

Dispatcher: 911. What's your emergency?

Guilty caller: Hi, I've been shot, and my husband has been shot.

The wife used the unexpected friendly greeting “Hi” with the dispatcher while her husband, who had been shot in the head, lay dead on the floor. The wife should have remained focused on demanding immediate medical assistance for her spouse. The order of her words also provided insight as she referred to herself first and to her critically wounded husband last. The investigation revealed that the woman intentionally shot and killed her husband and superficially wounded herself.

An example of an urgent demand for help involved an innocent mother who discovered that her infant had died during the night, and she screamed the following comments:

Dispatcher: Is the baby breathing?

Innocent caller: What the [expletive] is taking them (paramedics) so long!

In this case, the mother did not care about politeness and civility. She focused only on obtaining immediate medical assistance for her baby. The

investigation revealed that the infant had accidentally wedged his head between the mattress and the crib and suffocated during the night. He had been deceased for several hours and was blue and cold to the touch before his mother discovered his condition. However, she refused to accept the death of her child and was demanding and rude to the dispatcher in an effort to get immediate help.

Thirty-seven percent of the callers in the study made urgent and demanding pleas for help, and each was innocent. This finding was the strongest indicator of innocence in the study. Conversely, 22 percent of the callers were patient and polite, and all were guilty of the homicides.

Seven percent of the callers were so patient and took so much time during their call that they even failed to use contractions during the alleged emergency. All were guilty.

Guilty caller: My wife has been shot.

Dispatcher: Do you know who did it?

Guilty caller: No, I do not.

Level of Cooperation

If focused on obtaining assistance, 911 callers cooperate by answering questions concerning the crime. In this study, innocent individuals did

so more frequently than guilty callers, who resisted full cooperation by not responding to the dispatchers' inquiries concerning the criminal act, failing to perform CPR as instructed, repeating words, and providing unclear responses.

A caller reported that his girlfriend needed medical help. The dispatcher asked a question to gain more information, but the individual did not cooperate.



Dispatcher: Did something happen to her? Was this more than just an argument?

Guilty caller: That's all I'm trying to report.

In this case, the caller resisted providing any further details regarding the condition of his girlfriend. Officers located the dead girl in her apartment, and the boyfriend was convicted of the offense.

Similarly, a guilty parent called to report a stabbing

incident. The individual subsequently resisted answering the dispatcher's questions.

Guilty caller: They just stabbed me and my kids, my little boys!

Dispatcher: Who did?

Guilty caller: My little boy is dying!

Dispatcher: Who did this?

Guilty caller: They killed our babies....

Such resistance to cooperation existed in 26 percent of the calls. All were made by guilty callers.

Guilty callers also resisted through repetition. People who do not tell the truth tend to repeat words or phrases.⁸ Through repetition, a guilty person can gain time to think of a reasonable answer to an unanticipated question or may avoid answering altogether. An example of repetition occurred in the following communication after a 911 caller reported an assault by an unknown assailant who also had shot her husband.

Dispatcher: Ma'am, do you know what he was wearing?

Guilty caller: Oh God, um... um...oh God, oh God, oh my God...oh my God.

The woman, calm enough to answer other questions, repeated the phrase "Oh God" and never answered this question. If cooperative, she at least should

have attempted to answer the question or explain why she could not do so. In this case, the caller killed her husband and blamed the homicide on a fictitious assailant. Fifteen percent of the 911 homicide callers in the study included repetition during the call. All were guilty of the crimes.

When a 911 caller unexpectedly responds to a dispatcher's relevant question with such comments as Huh? What? or Do what? it reveals a disconnect in the thought process known as the "huh factor."⁹ These responses indicate that callers are caught completely off guard and are not tracking their own answers (unless, of course, excessive background noise prevented them from clearly hearing the dispatcher's questions). For example, a caller reported that his wife suffered a serious accident.

Dispatcher: 911. What is your emergency?

Guilty caller: I just came home, and my wife has fallen down the stairs. She's hurt bad, and she's not breathing!

Dispatcher: How many stairs did she fall down?

Guilty caller: Huh?

When the dispatcher asked a relevant question regarding the accident, the caller, who had

assaulted and killed his wife, could not immediately answer because he had not tracked his own fabricated story. Had the victim actually fallen down stairs, the caller should have known whether she fell down a few stairs or a whole flight and would not have been confused by this unanticipated question. The "huh factor" was present in 12 percent of the homicide calls. All but one of these callers were guilty.

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Specific differences appeared that helped distinguish innocent callers from guilty ones....

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Investigators should ask whether the caller continues with one thought process or uses self-interruptions and changes the direction of the topic. In calls containing self-interruptions, the first topic can reveal important clues. In the following example, the husband began to state that his house had been burglarized but changed the topic mid sentence.

Dispatcher: 911. What is your emergency?

Guilty caller: There's been a burg...my wife has been killed, I think!

The critical condition of the caller's wife should have been the primary topic, yet he began with the less critical subject, burglary. The investigation revealed that the caller arranged for an accomplice to burglarize his own residence and traumatize his wife.

Thirty percent of the callers in this study used self-interruptions, and each was guilty. This was the second-strongest correlation with guilt in the study.

CONCLUSION

By examining 911 homicide calls, investigating officers can gain vital clues. While listening to a call and analyzing the transcript, the investigator should ask three critical questions:

- 1) What was the call about?
- 2) Who was the call about?
- and 3) How was the call made?

Asking those three questions, along with a thorough analysis, can give investigators insight as to offender probability. If the caller appears guilty of the homicide, investigators immediately can plan a strategy for interviewing the individual and conducting the subsequent investigation. ♦

Endnotes

¹ Dr. Robert Keppel, unpublished research study indicating that 19 percent

of all homicide reports are phoned in to the police department by the offender posing as an innocent individual (Seattle University).

² Vincent A. Sandoval, "Strategies to Avoid Interview Contamination," *FBI Law Enforcement Bulletin*, October 2003, 1-12.

³ The callers for this study represented 19 states and had the following characteristics: 56 percent were male, and 44 percent were female; 69 percent were Caucasian, and 31 percent were African-American; and all were between the ages of 19 and 68. Victims ranged in age from newborn to 69; 67 percent were male, and 33 percent were female; and 64 percent were Caucasian, 30 percent were African-American, 1 percent were Hispanic, and 5 percent represented other ethnicities.

⁴ Don Rabon, *Investigative Discourse Analysis* (Durham, NC: Carolina Academic Press, 1996).

⁵ Paul Grice, *Studies in the Way of Words* (Cambridge, MA: Harvard University Press, 1989).

⁶ Susan H. Adams, "Communication Under Stress: Indicators of Veracity and Deception in Written Narratives" (Ph.D. diss., Virginia Polytechnic Institute and State University, 2002).

⁷ J. Olsson, *Forensic Linguistics: An Introduction to Language, Crime and Law* (London, England: Continuum International Publishing Group, 2004).

⁸ B.M. DePaulo and W.L. Morris, "Discerning Lies from Truths: Behavioural Cues to Deception and the Indirect Pathway of Intuition," in *The Detection of*

Deception in Forensic Contexts, ed. P.A. Granhag and L. Stromwall (Cambridge, United Kingdom: Cambridge University Press, 2005).

⁹ Tracy Harpster, "The Nature of 911 Homicide Calls: Using 911 Homicide Calls to Identify Indicators of Innocence and Guilt" (master's thesis, University of Cincinnati, 2006).

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