



BOMB THREAT CHECKLIST

IN THE EVENT OF A BOMB THREAT, USE THIS GUIDE TO COLLECT ALL-IMPORTANT DATA.

Questions to Ask:

1. When is the bomb going to explode?
2. Where is it right now?
3. What does it look like?
4. What kind of bomb is it?
5. What will cause it to explode?
6. Did you place the bomb?
7. Why?
8. What is your address?
9. What is your name?

CALL INFORMATION

Sex of Caller _____ Race: _____ Age: _____ Date: _____ Time: _____

Telephone Number at which call was received: _____

EXACT WORDING OF THREAT: _____

CALLER'S VOICE:

- | | | | | |
|---------------------------------|--|---|---|-----------------------------------|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Clearing Throat | <input type="checkbox"/> Stutter | <input type="checkbox"/> Crying | <input type="checkbox"/> Nasal |
| <input type="checkbox"/> Slow | <input type="checkbox"/> Disguised | <input type="checkbox"/> Deep | <input type="checkbox"/> Slurred | <input type="checkbox"/> Distinct |
| <input type="checkbox"/> Loud | <input type="checkbox"/> Anger | <input type="checkbox"/> Deep Breathing | <input type="checkbox"/> Lisp | <input type="checkbox"/> Soft |
| <input type="checkbox"/> Normal | <input type="checkbox"/> Rapid | <input type="checkbox"/> Accent | <input type="checkbox"/> Ragged | <input type="checkbox"/> Familiar |
| <input type="checkbox"/> Raspy | <input type="checkbox"/> Laughter | <input type="checkbox"/> Excited | <input type="checkbox"/> Cracking Voice | <input type="checkbox"/> Other |

If voice is familiar, whom did it sound like? _____

BACKGROUND SOUNDS:

- | | | | |
|--|---|--|---------------------------------------|
| <input type="checkbox"/> Street Noise | <input type="checkbox"/> Crockery | <input type="checkbox"/> Booth | <input type="checkbox"/> Local |
| <input type="checkbox"/> PA System | <input type="checkbox"/> Music | <input type="checkbox"/> Voices | <input type="checkbox"/> Aircraft |
| <input type="checkbox"/> Motor | <input type="checkbox"/> Office Machinery | <input type="checkbox"/> House Noises | <input type="checkbox"/> Long Distant |
| <input type="checkbox"/> Animal Noises | <input type="checkbox"/> Clear | <input type="checkbox"/> Factory Machinery | <input type="checkbox"/> Other |

THREAT LANGUAGE:

- | | | |
|---|--------------------------------|---|
| <input type="checkbox"/> Well Spoken (Educated) | <input type="checkbox"/> Foul | <input type="checkbox"/> Irrational |
| <input type="checkbox"/> Incoherent | <input type="checkbox"/> Taped | <input type="checkbox"/> Message read by threat maker |

REPORTING INFORMATION:

Report call immediately to: _____ Position: _____ Date: _____

Phone Number: _____

Person Completing Form: _____ Position: _____

Phone Number: _____