



BOMB THREAT CHECKLIST

PLACE THIS UNDER YOUR TELEPHONE

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?

EXACT WORDING OF THREAT

Number at which call was received:

Length of Call:

| Date

| Time

CALLER'S VOICE

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Clearing throat |
| <input type="checkbox"/> Nasal | <input type="checkbox"/> Laughter |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Deep breathing |
| <input type="checkbox"/> Stutter | <input type="checkbox"/> Crying |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Cracking voice |
| <input type="checkbox"/> Lisp | <input type="checkbox"/> Normal |
| <input type="checkbox"/> Slow | <input type="checkbox"/> Disguised |
| <input type="checkbox"/> Raspy | <input type="checkbox"/> Distinct |
| <input type="checkbox"/> Deep | <input type="checkbox"/> Accent |
| <input type="checkbox"/> Soft | <input type="checkbox"/> Slurred |
| <input type="checkbox"/> Ragged | <input type="checkbox"/> Familiar |
| <input type="checkbox"/> Loud | |

If the voice is familiar, who did it sound like?

BACKGROUND SOUND

- | | |
|--|--|
| <input type="checkbox"/> Street Noises | <input type="checkbox"/> Animal noises |
| <input type="checkbox"/> Crockery | <input type="checkbox"/> Clear |
| <input type="checkbox"/> Voices | <input type="checkbox"/> Clea |
| <input type="checkbox"/> PA System | <input type="checkbox"/> Static |
| <input type="checkbox"/> Music | <input type="checkbox"/> Local |
| <input type="checkbox"/> House noises | <input type="checkbox"/> Long distance |
| <input type="checkbox"/> Motor | <input type="checkbox"/> Booth |
| <input type="checkbox"/> Office | <input type="checkbox"/> Other-specify |
| <input type="checkbox"/> Factory Machinery | |

THREAT LANGUAGE

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

REMARKS

Report call immediately to 911