

BOMB THREAT CHECKLIST

QUESTIONS TO ASK:

1. When is 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 THE THREAT:

SEX OF CALLER: _____ RACE: _____ AGE: _____

LENGTH OF CALL: _____ DATE: _____ TIME: _____

NUMBER AT WHICH CALL WAS RECEIVED: _____

CALLERS VOICE:

_____ Calm	_____ Normal	_____ Deep
_____ Angry	_____ Distinct	_____ Ragged
_____ Excited	_____ Slurred	_____ Laughter
_____ Slow	_____ Accent	_____ Cracking Voice
_____ Rapid	_____ Nasal	_____ Disguised
_____ Soft	_____ Stutter	_____ Familiar
_____ Loud	_____ Lisp	_____ Deep Breathing
_____ Crying	_____ Raspy	_____ Clearing Throat

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

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BACKGROUND SOUNDS:

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

Other _____

THREAT LANGUAGE:

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

REMARKS

Your Name: _____

Your Position: _____

Your Phone: _____ Date: _____/_____/_____