

BOMB THREAT CHECKLIST

Date: _____ Time: _____

Call received by: _____ Dept.: _____ Phone No: _____

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. Did you place the bomb?
6. Why?
7. What is your address?
8. What is your name?

CALLERS VOICE:

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

EXACT WORDING OF THREAT:

If voice is familiar, who did it sound like?

BACKGROUND SOUNDS:

Street Machinery Clear Animal Noises House Noises
 Static PA System Voices Office Machinery Other _____
 Booth Music Motor

THREAT LANGUAGE:

Well Spoken Taped Foul Incoherent Irrational Educated
 Long Distance Message read by threat maker

OTHER INFORMATION:

Gender of Caller: Male Female Race/Ethnicity: _____
Age: _____ Length of call: _____