

BOMB THREAT CHECKLIST

Questions to ask:

Exact wording of threat:

- 1. Where is bomb located? _____
- 2. What time is it set to explode? _____
- 3. What does the bomb 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? _____

Sex of caller _____ Age _____ Race _____ Length of call _____

CALLERS VOICE:

- | | | | |
|----------------------------------|-----------------------------------|---|------------------------------------|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Laughing | <input type="checkbox"/> Lisp | <input type="checkbox"/> Disguised |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Crying | <input type="checkbox"/> Raspy | <input type="checkbox"/> Accent |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Normal | <input type="checkbox"/> Deep | <input type="checkbox"/> Familiar |
| <input type="checkbox"/> Slow | <input type="checkbox"/> Distinct | <input type="checkbox"/> Ragged | if voice familiar, who did |
| <input type="checkbox"/> Soft | <input type="checkbox"/> Nasal | <input type="checkbox"/> Deep | it sound like? _____ |
| <input type="checkbox"/> Loud | <input type="checkbox"/> Stutter | <input type="checkbox"/> Breathing | _____ |
| | | <input type="checkbox"/> Cracking voice | _____ |

BACKGROUND SOUNDS:

- | | | | |
|--|---|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Street noises | <input type="checkbox"/> House noises | <input type="checkbox"/> Clear | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Voices | <input type="checkbox"/> Motor | <input type="checkbox"/> Static | _____ |
| <input type="checkbox"/> PA system | <input type="checkbox"/> Office machine | <input type="checkbox"/> Local | _____ |
| <input type="checkbox"/> Music | <input type="checkbox"/> Factory | <input type="checkbox"/> Long | _____ |
| | <input type="checkbox"/> Animal noises | distance | _____ |

THREAT LANGUAGE:

Well spoken (educated) Foul Irrational Incoherent Taped Message read by maker

REMARKS:

Fill out completely, immediately after bomb threat. Date ___/___/___ Phone No. _____
Name _____ Position _____