

**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 \_\_\_\_\_