

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: _____

Number at which call is received:

Time: _____ Date: _____

Callers Voice:

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

If voice is familiar, who did it sound like?

Background Sounds:

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

Threat Language:

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

Remarks: _____
