

Bomb Threat Checklist

- ❖ Remain Calm ❖ ❖ Keep the Person Talking ❖ ❖ Note the Conversation ❖

Date: _____ Day: _____ Time received: _____

Telephone number at which call is received: _____

Type of call: _____

Exact wording of bomb threat: _____

Ask the following questions:

When is the bomb going to explode? _____

Where is the bomb right now? _____

What does the bomb look like? _____

What kind of bomb is it? (plastic, TNT, nitro, etc.) _____

What will cause the bomb to explode? _____

Did you place the bomb? _____

Why? _____

What is your address? _____

What is your name? _____

Caller Information (check the appropriate answer)

Sex of caller: Male Female

Approximate age: _____ Race: _____ Length of Call: _____

Voice:

<input type="checkbox"/> Calm	<input type="checkbox"/> Soft	<input type="checkbox"/> Stutter	<input type="checkbox"/> Excited
<input type="checkbox"/> Laughter	<input type="checkbox"/> Rasp	<input type="checkbox"/> Rapid	<input type="checkbox"/> Normal
<input type="checkbox"/> Slurred	<input type="checkbox"/> Ragged	<input type="checkbox"/> Deep Breathing	<input type="checkbox"/> Disguised
<input type="checkbox"/> Accent	<input type="checkbox"/> Nasal	<input type="checkbox"/> Angry	<input type="checkbox"/> Loud
<input type="checkbox"/> Lisp	<input type="checkbox"/> Slow	<input type="checkbox"/> Crying	<input type="checkbox"/> Deep
<input type="checkbox"/> Distinct	<input type="checkbox"/> Whispered	<input type="checkbox"/> Clearing Throat	<input type="checkbox"/> Cracking
<input type="checkbox"/> Familiar (If voice is familiar, who did it sound like?)			

Background Sounds:

<input type="checkbox"/> Street Noise	<input type="checkbox"/> Factor Machinery	<input type="checkbox"/> Voices
<input type="checkbox"/> Pots and Pans	<input type="checkbox"/> Animal Noises	<input type="checkbox"/> Clear
<input type="checkbox"/> PA System	<input type="checkbox"/> Static	<input type="checkbox"/> Music
<input type="checkbox"/> House Noises	<input type="checkbox"/> Long Distance	<input type="checkbox"/> Local
<input type="checkbox"/> Motor	<input type="checkbox"/> Office Machinery	<input type="checkbox"/> Booth
<input type="checkbox"/> Other (please specify)		

Bomb Threat Well Spoken (education) Incoherent

Language: Foul Message read by threat maker

Taped Irrational

Remarks:

Your Name: _____ Department: _____ Phone: _____

Additional Notes: _____