

BOMB THREAT CHECKLIST

Time Rec'd _____ Ended _____

Date: _____

Exact Wording of Threat: _____

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. What Will Cause it to Explode?

6. Did You Place the Bomb? _____

Caller's Voice:

Calm

Crying

Raspy

Angry

Normal

Deep

Excite

Distinct

Ragged

Slow

Blurred

Clearing Throat

Rapid

Whispered

Cracking Voice

Soft

Nasal

Disguised

Loud

Stutter

Accent

Laughter

Lisp

Familiar

If voice is familiar, whom did it sound like? _____

Background Sounds:

Street

House Noises

Clear

Crockery

Motor

Static

Voices

Office Machinery

Local

PA System

Factory Machine

Long Distance

Music

Animal Noises

Booth

Other _____

7. Why? _____

8. Where are You Now?

9. What is Your Name?

10. What is Your Address?

Sex _____ Race _____ Age _____

Remarks: _____

Number at Which Call was Rec'd _____

Date: _____

Signature: _____

Threat Language:

Well Spoken (educated)

Foul

Taped

Irrational

Message read by threat maker

Incoherent

Report call immediately to 911

Date _____

Name _____

Position _____

Phone Number _____

Department _____

Building _____

Remarks _____
