



### BOMB THREAT CHECKLIST

Person receiving call \_\_\_\_\_ Extension \_\_\_\_\_ Date \_\_\_\_\_  
Time call received \_\_\_\_\_ Time call ended \_\_\_\_\_  
Number call came in \_\_\_\_\_

State exact words and demands of caller: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### ASK THE CALLER THESE QUESTIONS:

1. When is the bomb set to explode? \_\_\_\_\_
2. Where is it located? \_\_\_\_\_
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 name? \_\_\_\_\_
9. Where are you calling from? \_\_\_\_\_

Sex of caller \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_

#### CALLERS VOICE:

- |                                   |   |                                  |  |
|-----------------------------------|---|----------------------------------|--|
| <input type="checkbox"/> Calm     | <input type="checkbox"/> Laughing                   | <input type="checkbox"/> Serious | <input type="checkbox"/> Deep Breathing  |
| <input type="checkbox"/> Angry    | <input type="checkbox"/> Crying                     | <input type="checkbox"/> Joking  | <input type="checkbox"/> Cracking Voice  |
| <input type="checkbox"/> Excited  | <input type="checkbox"/> Normal                     | <input type="checkbox"/> Lisp    | <input type="checkbox"/> Disguised       |
| <input type="checkbox"/> Slow     | <input type="checkbox"/> Distinct                   | <input type="checkbox"/> Raspy   | <input type="checkbox"/> Accent          |
| <input type="checkbox"/> Loud     | <input type="checkbox"/> Slurred                    | <input type="checkbox"/> Deep    | <input type="checkbox"/> Rapid           |
| <input type="checkbox"/> Nasal    | <input type="checkbox"/> Ragged                     | <input type="checkbox"/> Soft    | <input type="checkbox"/> Clearing Throat |
| <input type="checkbox"/> Familiar | If voice is familiar, whom did it sound like? _____ |                                  |  |

#### BACKGROUND SOUNDS

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

Other \_\_\_\_\_

#### THREAT LANGUAGE

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

#### ADDITIONAL INFORMATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Police Department needs as much information as possible.  
This extensive checklist is intended to prompt the person receiving the threat.