

## BOMB THREAT CHECKLIST

Time		Own Name _____
Received	Ended	Position _____
Date		Number at which call was received: (     ) - _____ - _____
Length of call		
<b>Questions to ask</b>		
When is the bomb going to explode?		<b>Description of caller's voice</b> <input type="checkbox"/> Calm <input type="checkbox"/> Whispered <input type="checkbox"/> Angry <input type="checkbox"/> Nasal <input type="checkbox"/> Excited <input type="checkbox"/> Stutter <input type="checkbox"/> Slow <input type="checkbox"/> Lisp <input type="checkbox"/> Rapid <input type="checkbox"/> Raspy <input type="checkbox"/> Soft <input type="checkbox"/> Deep <input type="checkbox"/> Loud <input type="checkbox"/> Rugged <input type="checkbox"/> Laughter <input type="checkbox"/> Clearing throat <input type="checkbox"/> Crying <input type="checkbox"/> Deep Breathing <input type="checkbox"/> Normal <input type="checkbox"/> Cracking <input type="checkbox"/> Distinct <input type="checkbox"/> Disguised <input type="checkbox"/> Slurred <input type="checkbox"/> Accent <input type="checkbox"/> <input type="checkbox"/> Familiar
Where is it right now?		
What does it look like?		
What kind of bomb is it?		
What will cause it to explode?		
Did you place the bomb?		
Why?		
Where are you now?		
What is your name?		
What is your address?		
Sex of caller <input type="checkbox"/> Male <input type="checkbox"/> Female Race: _____ Age: _____		<b>Background Sounds</b> <input type="checkbox"/> Street noise <input type="checkbox"/> Office Machinery <input type="checkbox"/> Crockery <input type="checkbox"/> Factory 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"/> Long distance <input type="checkbox"/> Booth <input type="checkbox"/> Motor
<b>Exact Wordings of threat:</b>          		<b>Threat Language</b> <input type="checkbox"/> Well Spoken (Educated) <input type="checkbox"/> Taped <input type="checkbox"/> Message read by threat maker <input type="checkbox"/> Incoherent <input type="checkbox"/> Foul <input type="checkbox"/> Irrational
<b>Write down any other important information about the call on the reverse of this sheet and immediately report incident to law enforcement personnel.</b>		