BOMB THREAT CHECKLIST

Date: _____ **Time:**_____

Time Caller Hung Up:_____

Phone Number where Call Received:_____

• Where is the bomb located? (Building, Floor, Room, etc.) _____

• When will it go off?_____

• What does it look like?_____

• What kind of bomb is it?_____

• What will make it explode?_____

• Did you place the bomb? ☐ Yes ☐ No
• Why?_____

_____

• What is your name?_____

Exact Words of the Threat: _____

_____

_____

• Where is the caller located? (Background and level of noise)_____
• Estimated age:_____
• Is voice familiar? If so, who does it sound like?_____
• Other points:_____

_____

_____

Threat Language:
☐ Incoherent ☐ Message read ☐ Taped ☐ Irrational ☐ Profane ☐ Well-spoken

Caller's Voice: ☐ **Female** ☐ **Male** ☐ **Can't determine/disguised voice**

☐ Accent	☐ Angry	☐ Calm	☐ Clearing throat	☐ Coughing	☐ Stutter
☐ Cracking voice	☐ Crying	☐ Deep	☐ Deep breathing	☐ Disguised	☐ Soft
☐ Distinct	☐ Excited	☐ Lisp	☐ Laughter	☐ Nasal	☐ Raspy
☐ Normal	☐ Loud	☐ Slow	☐ Ragged	☐ Rapid	☐ Slurred

Background Sounds:

☐ Animal Noises	☐ House Noises	☐ Kitchen Noises	☐ Street Noises	☐ Booth
☐ PA system	☐ Conversation	☐ Long distance	☐ Factory machinery	☐ Music
☐ Local	☐ Motor	☐ Clear	☐ Office machinery	☐ Static

Other Information: _____

_____

_____