

BOMB THREAT CHECKLIST

TIME: _____ **DATE:** _____

<p style="text-align: center;">EXACT WORDING OF THREAT:</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p style="text-align: center;">BACKGROUND SOUNDS:</p> <p><input type="checkbox"/> Street noises <input type="checkbox"/> Factory machinery <input type="checkbox"/> Voices <input type="checkbox"/> Crockery <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"/> Plane <input type="checkbox"/> Other (<i>Please specify</i>)</p> <hr/>
<p style="text-align: center;">IMPORTANT QUESTIONS TO ASK:</p> <p>1. When is the bomb going to explode? _____</p> <p>2. Where is the bomb right now? _____</p> <p>3. What does the bomb look like? _____</p> <p>4. What kind of bomb is it? _____</p> <p>5. What will cause the bomb to explode? _____</p> <p>6. Did you place the bomb? _____</p> <p>7. Why? _____</p> <p>8. What is your address? _____</p> <p>9. What is your name? _____</p>	<p style="text-align: center;">BOMB THREAT LANGUAGE:</p> <p><input type="checkbox"/> Well spoken (education) <input type="checkbox"/> Foul <input type="checkbox"/> Incoherent <input type="checkbox"/> Irrational <input type="checkbox"/> Rambling <input type="checkbox"/> Message read <input type="checkbox"/> Taped message</p> <p>REMARKS: _____</p> <hr/> <hr/>
<p style="text-align: center;">CHARACTERISTICS:</p> <p>Gender: _____ Age: _____ Race: _____</p> <p style="text-align: center;">CALLER'S VOICE</p> <p><input type="checkbox"/> Calm <input type="checkbox"/> Nasal <input type="checkbox"/> Soft <input type="checkbox"/> Angry <input type="checkbox"/> Stutter <input type="checkbox"/> Loud <input type="checkbox"/> Excited <input type="checkbox"/> Lisp <input type="checkbox"/> Laughter <input type="checkbox"/> Slow <input type="checkbox"/> Rasp <input type="checkbox"/> Crying <input type="checkbox"/> Rapid <input type="checkbox"/> Deep <input type="checkbox"/> Normal <input type="checkbox"/> Distinct <input type="checkbox"/> Slurred <input type="checkbox"/> Whispered <input type="checkbox"/> Ragged <input type="checkbox"/> Disguised <input type="checkbox"/> Accent <input type="checkbox"/> Clearing Throat <input type="checkbox"/> Deep Breathing <input type="checkbox"/> Cracking Voice <input type="checkbox"/> Familiar (<i>If voice is familiar, who did it sound like?</i>) _____</p>	<p style="text-align: center;">CALL DETAILS:</p> <p>Telephone number at which call was received: _____</p> <p>Telephone number from which call was made: _____</p> <p>Time call received: _____</p> <p>Time call ended: _____</p> <p>Your Name: _____</p> <p>Your Position: _____</p> <p>Your Department: _____</p> <p>Your Telephone Number: _____</p> <p>Your E-mail: _____</p> <p>Date Checklist completed: _____</p>