

BOMB THREAT INFORMATION CHECKLIST
(Print out and keep near office phones)

Caller's Voice:

- | | |
|--|---|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Excited |
| <input type="checkbox"/> Slow | <input type="checkbox"/> Angry |
| <input type="checkbox"/> Soft | <input type="checkbox"/> Rapid |
| <input type="checkbox"/> Crying | <input type="checkbox"/> Loud |
| <input type="checkbox"/> Slurred | <input type="checkbox"/> Laughing |
| <input type="checkbox"/> Deep Voice | <input type="checkbox"/> Distinct |
| <input type="checkbox"/> Nasal | <input type="checkbox"/> High Voice |
| <input type="checkbox"/> Stutter | <input type="checkbox"/> Raspy |
| <input type="checkbox"/> Clear Throat | <input type="checkbox"/> Lisp |
| <input type="checkbox"/> Disguised | <input type="checkbox"/> Cracking Voice |
| <input type="checkbox"/> Deep Breathing | <input type="checkbox"/> Accent |
| <input type="checkbox"/> Familiar-who did it sound like? | |

Questions to ask caller:

- When is the bomb going to explode?
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?
What is your address?
What is your name?

Threat Language:

- | | | |
|--------------------------------------|---------------------------------------|------------------------|
| <input type="checkbox"/> Well Spoken | <input type="checkbox"/> Incoherent | Gender of caller _____ |
| <input type="checkbox"/> Educated | <input type="checkbox"/> Taped | Ethnicity _____ |
| <input type="checkbox"/> Profane | <input type="checkbox"/> Message Read | Age _____ |
| <input type="checkbox"/> Irrational | <input type="checkbox"/> Threat Maker | Length of Call _____ |

Was the call (using caller ID): Long Distance Local

Phone number at which call was received _____ Time _____ Date _____

Exact wording of the threat: _____

Remarks: _____

Background Sounds:

- | | | | |
|---|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> House Noises | <input type="checkbox"/> Phone Booth | <input type="checkbox"/> Factory Machines | <input type="checkbox"/> PA System |
| <input type="checkbox"/> Voices | <input type="checkbox"/> Office | <input type="checkbox"/> Office Machines | <input type="checkbox"/> Static |
| <input type="checkbox"/> Child | <input type="checkbox"/> Motor | <input type="checkbox"/> Street Noises | |
| <input type="checkbox"/> Clear (no noise) | <input type="checkbox"/> Music | <input type="checkbox"/> Animal Noises | |

Other sounds: _____