

BOMB THREAT CALL CHECKLIST

Name of Person Receiving Threat		Title	Phone No.
Date Threat Received	Time Threat Received	Reported to	Phone No.

QUESTIONS TO ASK

EXACT WORDING OF THREAT

1. When is the bomb going to explode?
2. Where is it right now?
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. What is your address and phone?

The following require opinions, perceptions and judgments. Please give your first impression.

Caller was:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Adult	<input type="checkbox"/> Child
Estimated age:	<input type="checkbox"/> Pre-teen	<input type="checkbox"/> Teenage	<input type="checkbox"/> 20-40	<input type="checkbox"/> Other
Caller's Speech:	<input type="checkbox"/> Accent	<input type="checkbox"/> Heavy	<input type="checkbox"/> Slight	<input type="checkbox"/> Other
	<input type="checkbox"/> Spanish	<input type="checkbox"/> German	<input type="checkbox"/> German	<input type="checkbox"/> Other
	<input type="checkbox"/> Southern	<input type="checkbox"/> Northern	<input type="checkbox"/> New York	<input type="checkbox"/> Other
Caller's Voice:	<input type="checkbox"/> Fast	<input type="checkbox"/> Slow	<input type="checkbox"/> Excited	<input type="checkbox"/> Angry
	<input type="checkbox"/> Slurred	<input type="checkbox"/> Quite	<input type="checkbox"/> Nasal	<input type="checkbox"/> Slang
	<input type="checkbox"/> Impediment	<input type="checkbox"/> Well Spoken	<input type="checkbox"/> Other	
Background Sound:	<input type="checkbox"/> Animals	<input type="checkbox"/> Railroad	<input type="checkbox"/> Aircraft	<input type="checkbox"/> Street
	<input type="checkbox"/> Other (describe)			