

BOMB THREAT CHECK LIST

Date _____ Company Name _____

Name and Position of person taking the call _____

Telephone Number call came in on _____

Please fill out the following information immediately after the conversation with the caller.

1. When was the bomb set to explode? _____
2. Where is the bomb located? _____
3. What does the bomb look like? _____
4. What type of bomb is it? _____
5. What will cause the bomb to explode? _____
6. Did you (caller) place the bomb? _____
7. Why did you (caller) place the bomb? _____
8. What is your (caller) name and address? _____

Callers (sex) _____ Age _____ Race _____ Length of call _____

Description of caller's voice (check all that apply)

_____ Calm	_____ Laughing	_____ Raspy	If the voice is familiar who sounds like
_____ Angry	_____ Crying	_____ Deep	_____
_____ Excited	_____ Normal	_____ Ragged	_____
_____ Slow	_____ Distinct	_____ Deep Breather	
_____ Loud	_____ Slurred	_____ Disguised	
_____ Rapid	_____ Nasal	_____ Accent	
_____ Soft	_____ Stutter	_____ Familiar	_____ Cracking _____ Lisp

Background sounds

_____ Street Noises	_____ Office
_____ Machinery	_____ Phone Booth
_____ Clear	_____ Crockery
_____ House Noises	_____ Long Distance
_____ Voices	_____ Music
_____ Animal Noises	_____ Motor
_____ Factory Noises	_____ PA System
_____ Static	

Threat Language

_____ Well Spoken	_____ Foul	_____ Incoherent
_____ Taped	_____ Irrational	

Message Read by the Threat Maker

