

Bomb Threat Call Checklist

Location Reporting: _____

Date: _____ Time: _____ a.m./p.m.

WARN ANOTHER STAFF MEMBER!

ASK THESE QUESTIONS:

(Exact Wording of Threat)

When will the bomb explode? _____

Where is the bomb now? _____

What does the bomb look like? _____

What kind of bomb is it? _____

What will cause it to explode? _____

Did you place the bomb? _____

What is your name? _____

What is your address? _____

LENGTH OF CALL: _____

DESCRIPTION OF CALLER: SEX: M ___ F ___ Age: _____ Race: _____

Description of Voice:

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

Background Sounds:

- | | | | |
|--------------------------------|--|---------------------------------------|---|
| <input type="checkbox"/> Clear | <input type="checkbox"/> Street Noises | <input type="checkbox"/> House Noises | <input type="checkbox"/> Office Machinery |
|--------------------------------|--|---------------------------------------|---|

