BOMB THREAT INFORMATION CHECKLIST

Copy this sheet and place it near your phone.

Caller's voice:

____ Calm
____ Angry
____ Excited
____ Slow
____ Rapid
____ Soft
____ Loud
____ Laughter
____ Crying
____ Normal
____ Slurred
____ Distinct
____ Disguised
____ Accent
____ Familiar
____ Deep
____ Nasal
____ Stutter
____ Lisp
____ Raspy
____ Ragged
____ Clearing throat
____ Deep breathing
____ Cracking voice

Exact wording of the threat:

_____
_____
_____
_____

Threat language:

____ Well spoken
____ Educated
____ Foul
____ Irrational
____ Incoherent
____ Taped
____ Message read by threat maker

REMARKS: _____
_____

Questions to ask:

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 address?
9. What is your name?

If the voice is familiar, who did it sound like? _____

Background sounds:

____ Street noises
____ House noises
____ PA system
____ Music
____ Office machinery
____ Factory machinery
____ Animal noises
____ Voices
____ Static
____ Phone booth
____ Local
____ Long distance
____ None
Other: _____

Sex of caller: _____
Race/nationality of caller: _____
Age of caller: _____
Length of call: _____
Time of call: _____

IMMEDIATELY DIAL 911 OR 5-1111.

Give responding officers this completed sheet.

Date: _____
Name: _____
Phone number: _____
Job title: _____
Department name: _____

BOMB THREAT INFORMATION CHECKLIST