

# BOMB THREAT CHECKLIST

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## Ask

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 name?

What is your address?

Exact wording of threat:

Name of caller (if known):

Number from which call originated:

Male or Female:

## Caller's Voice

- |                                   |  |                                  |  |                                 |
|-----------------------------------|--|----------------------------------|--|---------------------------------|
| <input type="checkbox"/> Calm     | <input type="checkbox"/> Clearing throat | <input type="checkbox"/> Stutter | <input type="checkbox"/> Clearing throat | <input type="checkbox"/> Accent |
| <input type="checkbox"/> Normal   | <input type="checkbox"/> Excited         | <input type="checkbox"/> Lisp    | <input type="checkbox"/> Deep breathing  | <input type="checkbox"/> Nasal  |
| <input type="checkbox"/> Ragged   | <input type="checkbox"/> Slurred         | <input type="checkbox"/> Raspy   | <input type="checkbox"/> Cracked voice   |                                 |
| <input type="checkbox"/> Angry    | <input type="checkbox"/> Deep breathing  | <input type="checkbox"/> Deep    | <input type="checkbox"/> Disguised       |                                 |
| <input type="checkbox"/> Distinct | <input type="checkbox"/> Slow            | <input type="checkbox"/> Ragged  | <input type="checkbox"/> Familiar        |                                 |

Ethnicity or accent:

Age:

Name of recipient of call:

Number at which call was received:

Time:

Date:

Additional Comments

Male or female:

## Background Sounds

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> Street noise | <input type="checkbox"/> Motor         | <input type="checkbox"/> Long distance |
| <input type="checkbox"/> Animal noise | <input type="checkbox"/> Office noise  | <input type="checkbox"/> Booth         |
| <input type="checkbox"/> Clear        | <input type="checkbox"/> Factory noise | <input type="checkbox"/> Other         |
| <input type="checkbox"/> Static       | <input type="checkbox"/> Voices        |  |
| <input type="checkbox"/> Music        | <input type="checkbox"/> PA system     |  |
| <input type="checkbox"/> House noise  | <input type="checkbox"/> Local         |  |

## Threat Language

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Well-spoken | <input type="checkbox"/> Message read<br>by threat maker |
| <input type="checkbox"/> Profane     |  |
| <input type="checkbox"/> Irrational  |  |
| <input type="checkbox"/> Incoherent  |  |
| <input type="checkbox"/> Taped       |  |