

BOMB THREAT CHECKLIST

Date:		Time:	
Time Caller Hung Up:		Phone Number Where Call Received:	

Ask the Caller:			
Where is the bomb located?	Building:	Floor:	Room:
When will it go off?			
What does it look like?			
What kind of bomb is it?			
What will make it explode?			
Why Did you place the bomb?			
What is your name?			

Exact Words of Threat:

Information About the Caller	
Where is the caller located? (Background noise)	
Estimated age:	
Is voice familiar? If so, who does it sound like?	
Other points:	

Caller's Voice:		<input type="checkbox"/> Female	<input type="checkbox"/> Male
<input type="checkbox"/> Accent	<input type="checkbox"/> Angry	<input type="checkbox"/> Calm	<input type="checkbox"/> Clearing throat
<input type="checkbox"/> Cracking voice	<input type="checkbox"/> Crying	<input type="checkbox"/> Deep	<input type="checkbox"/> Deep breathing
<input type="checkbox"/> Distinct	<input type="checkbox"/> Excited	<input type="checkbox"/> Laughter	<input type="checkbox"/> Lisp
<input type="checkbox"/> Nasal	<input type="checkbox"/> Normal	<input type="checkbox"/> Ragged	<input type="checkbox"/> Rapid
<input type="checkbox"/> Slow	<input type="checkbox"/> Slurred	<input type="checkbox"/> Soft	<input type="checkbox"/> Stutter
Background Sounds:			
<input type="checkbox"/> Animal Noises	<input type="checkbox"/> House Noises	<input type="checkbox"/> Kitchen Noises	<input type="checkbox"/> Street Noises
<input type="checkbox"/> PA System	<input type="checkbox"/> Conversation	<input type="checkbox"/> Music	<input type="checkbox"/> Motor
<input type="checkbox"/> Static	<input type="checkbox"/> Office Machines	<input type="checkbox"/> Factory	<input type="checkbox"/> Local
Threat Language:			
<input type="checkbox"/> Incoherent	<input type="checkbox"/> Message Read	<input type="checkbox"/> Taped	<input type="checkbox"/> Irrational
<input type="checkbox"/> Profane			<input type="checkbox"/> Profane