

Bomb Threat Checklist

Copy this sheet and place it near your phone.

Time of call: _____ Length of call: _____ Sex of caller: _____

Race/nationality of caller: _____ Age of caller: _____

Caller's voice:

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

Threat language:

- | | | | | |
|--------------------------------------|-------------------------------------|-----------------------------------|-------------------------------|-------------------------------------|
| <input type="checkbox"/> Well spoken | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Educated | <input type="checkbox"/> Foul | <input type="checkbox"/> Irrational |
|--------------------------------------|-------------------------------------|-----------------------------------|-------------------------------|-------------------------------------|

Message read by threat maker

Remarks: _____

Background sounds:

- | | | | | |
|---|--|--|---------------------------------|----------------------------------|
| <input type="checkbox"/> Street noises | <input type="checkbox"/> Voices | <input type="checkbox"/> House noises | <input type="checkbox"/> Static | <input type="checkbox"/> Excited |
| <input type="checkbox"/> PA system | <input type="checkbox"/> Phone booth | <input type="checkbox"/> Music | <input type="checkbox"/> Local | <input type="checkbox"/> Nasal |
| <input type="checkbox"/> Office machinery | <input type="checkbox"/> Long distance | <input type="checkbox"/> Factory machinery | | |

Animal noises

None

Other: _____

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

IMMEDIATELY DIAL 911:

Give responding officers this completed sheet

Date: _____ Name: _____ Job title: _____

Phone number: _____ Department: _____

Exact wording of the threat: _____

