

Bomb Threat Checklist

STARTED TIME: _____

ENDED TIME: _____

EXACT WORDS OF THE CALLER: _____

QUESTIONS TO ASK:

When will the bomb explode? _____ Where is the bomb now? _____

What kind of bomb is it? _____ What does it look like? _____

Why did you place the bomb? _____

When did you place the bomb? _____ Where are you right now? _____

What is your name? _____ Where do you live? _____

DESCRIPTION OF THE CALLERS VOICE:

- | | | | |
|-----------------------------------|---------------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> MALE | <input type="checkbox"/> YOUNG | <input type="checkbox"/> MIDDLE AGED | <input type="checkbox"/> OLD |
| <input type="checkbox"/> FEMALE | <input type="checkbox"/> ACCENT | <input type="checkbox"/> HESITATING | <input type="checkbox"/> SLURRED |
| <input type="checkbox"/> ANGRY | <input type="checkbox"/> CALM | <input type="checkbox"/> EXCITED | <input type="checkbox"/> SERIOUS |
| <input type="checkbox"/> EDUCATED | <input type="checkbox"/> SOUNDS LIKE: | _____ | |

BACK GROUND NOISES:

- | | | | |
|---------------------------------|-----------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> ECHO | <input type="checkbox"/> MUSIC | <input type="checkbox"/> TRAFFIC | <input type="checkbox"/> AIRPLANES |
| <input type="checkbox"/> OFFICE | <input type="checkbox"/> CHILDREN | <input type="checkbox"/> OTHER | _____ |

INFORMATION ABOUT THE PERSON TAKING THE CALL:

NAME _____

POSITION _____

DATE _____