

BOMB THREAT CHECKLIST

Complete as much of this form as possible to provide to the Police for investigation and to determine an appropriate response.

When is the bomb going to explode?

Where is the bomb going to explode?

What will cause the bomb to explode?

What does the bomb look like?

What kind of bomb is it?

Time of call:
AM PM

From phone #:

GENDER

- Male
- Female
- Phone booth
- Internal (caller is in building)
- Don't know

LANGUAGE

- Good
- Fair
- Don't know

APPROXIMATE AGE

- Under 21
- 21-40
- Over 40
- Don't know

CALLER FAMILIAR WITH BUILDING?

- Yes
- No
- Can't determine

EXACT WORDING OF THREAT: _____

MANNER

- Calm
- Angry
- Rational
- Irrational
- Coherent
- Incoherent
- Nervous
- Crying
- Laughing
- Righteous
- Excited
- Other _____

BACKGROUND

- Machines
- Music
- Office
- House noises
- Traffic
- Static
- Trains
- Animals
- PA System
- Airplanes
- Other _____

SPEECH

- Fast
- Slow
- Distinct
- Distorted
- Slurred
- Deep Breathing
- Lisp
- Stutter
- Nasal
- Clearing Throat
- Other _____

VOICE

- Loud
- Soft
- High Pitch
- Deep
- Raspy
- Pleasant
- Intoxicated
- Taped
- Disguised
- Other _____

ACCENT

- Slavic
- East Coast
- Middle Eastern
- Southern
- Western
- Midwestern
- Hispanic
- African
- Asian
- Other _____

Your Name _____ Your Phone # _____