

TELEPHONE BOMB THREAT CHECKLIST

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?

Where are you?

Exact wording of threat:

Name of caller if known:

Number from which call originated:

Gender of caller:

Culture / Race / Ethnicity - if known:

Age of caller:

Name of recipient of call:

Number at which call was received:

Time & Date:

Additional Comments:

Caller's voice was:

- | | |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Angry |
| <input type="checkbox"/> Ragged | <input type="checkbox"/> Clear throat |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Slurred |
| <input type="checkbox"/> Breathy | <input type="checkbox"/> Slow |
| <input type="checkbox"/> Nasal | <input type="checkbox"/> Crackly |
| <input type="checkbox"/> Soft | <input type="checkbox"/> Stutter |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Loud |
| <input type="checkbox"/> Lisp | <input type="checkbox"/> Accented |
| <input type="checkbox"/> Laughing | <input type="checkbox"/> Raspy |
| <input type="checkbox"/> Familiar | <input type="checkbox"/> Crying |
| <input type="checkbox"/> Deep | <input type="checkbox"/> Disguised |
| <input type="checkbox"/> Normal | |

Background sounds:

- | | |
|----------------------------------|------------------------------------|
| <input type="checkbox"/> Street | <input type="checkbox"/> Office |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Household |
| <input type="checkbox"/> Music | <input type="checkbox"/> PA System |
| <input type="checkbox"/> TV | <input type="checkbox"/> Voices |
| <input type="checkbox"/> Factory | <input type="checkbox"/> Motor |