

# BOMB THREAT CHECKLIST

Date \_\_\_\_\_ Name of Company \_\_\_\_\_

Name & Job Title of person taking call \_\_\_\_\_

Telephone number call came in on \_\_\_\_\_

## QUESTIONS TO ASK

1. When is the bomb set to explode? \_\_\_\_\_

2. Where is the bomb located? \_\_\_\_\_

3. What does the bomb look like? \_\_\_\_\_

4. What type of bomb is it? \_\_\_\_\_

5. What will cause the bomb to explode? \_\_\_\_\_

6. Did you place the bomb? \_\_\_\_\_

7. Why? \_\_\_\_\_

8. What is your name and address? \_\_\_\_\_

9. Caller's: Sex \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_ Length of call \_\_\_\_\_

## DESCRIPTION OF CALLER'S VOICE (Check all that apply)

- |  |   |                                   |                                  |
|--|---|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Accent          | <input type="checkbox"/> Deep           | <input type="checkbox"/> Laughing | <input type="checkbox"/> Rapid   |
| <input type="checkbox"/> Angry           | <input type="checkbox"/> Deep Breathing | <input type="checkbox"/> Lisp     | <input type="checkbox"/> Raspy   |
| <input type="checkbox"/> Calm            | <input type="checkbox"/> Disguised      | <input type="checkbox"/> Loud     | <input type="checkbox"/> Slow    |
| <input type="checkbox"/> Clearing Throat | <input type="checkbox"/> Distinct       | <input type="checkbox"/> Nasal    | <input type="checkbox"/> Slurred |
| <input type="checkbox"/> Cracking        | <input type="checkbox"/> Excited        | <input type="checkbox"/> Normal   | <input type="checkbox"/> Soft    |
| <input type="checkbox"/> Crying          | <input type="checkbox"/> Familiar       | <input type="checkbox"/> Ragged   | <input type="checkbox"/> Stutter |

If voice is familiar, whom did it sound like? \_\_\_\_\_

## BACKGROUND SOUNDS