

Bomb Threat Checklist

QUESTIONS TO ASK THE CALLER:

1. When is the bomb going to explode?
2. Where is it right now?
3. What does it look like?
4. Did you place the bomb?
5. Why?
6. What is your address?
7. What is your name?

BACKGROUND / SOUNDS

- | | |
|--|---|
| <input type="checkbox"/> Office machines | <input type="checkbox"/> Radio |
| <input type="checkbox"/> Street noises | <input type="checkbox"/> Children |
| <input type="checkbox"/> Dishes | <input type="checkbox"/> Factory Machines |
| <input type="checkbox"/> Voices | <input type="checkbox"/> Animals |
| <input type="checkbox"/> PA system | <input type="checkbox"/> Static |
| <input type="checkbox"/> Music | <input type="checkbox"/> Phone booth |
| <input type="checkbox"/> Household | <input type="checkbox"/> No noises |
| <input type="checkbox"/> Other: _____ | |

THREAT LANGUAGE

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Educated | <input type="checkbox"/> Incoherent |
| <input type="checkbox"/> Foul/Obscene | <input type="checkbox"/> Read Message |
| <input type="checkbox"/> Irrational | <input type="checkbox"/> Taped |
| <input type="checkbox"/> Other: _____ | |

CALLER'S VOICE

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Distinct |
| <input type="checkbox"/> Female | <input type="checkbox"/> Slurred |
| <input type="checkbox"/> Normal | <input type="checkbox"/> Bass |
| <input type="checkbox"/> Soft | <input type="checkbox"/> Tenor |
| <input type="checkbox"/> Loud | <input type="checkbox"/> Nasal |
| <input type="checkbox"/> Fast | <input type="checkbox"/> Lisp |
| <input type="checkbox"/> Slow | <input type="checkbox"/> Raspy |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Deep |
| <input type="checkbox"/> Excited | <input type="checkbox"/> High |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Cracking |
| <input type="checkbox"/> Laughing | <input type="checkbox"/> Stutter |
| <input type="checkbox"/> Crying | <input type="checkbox"/> Ragged |
| <input type="checkbox"/> Deep Breathing | |
| <input type="checkbox"/> Accent (type?): _____ | |
| <input type="checkbox"/> Familiar (who?): _____ | |

EXACT WORDING OF THREAT:

REPORT BOMB THREATS IMMEDIATELY TO THE POLICE DEPARTMENT

Emergencies: Fire, Police, Medical
From all telephones with the exception of cellular phones, dial:

9-1-1