



BOMB PROGRAM
BOMB THREAT CALL CHECKLIST

Questions to Ask

Exact Wording of the Threat:

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

Sex of caller _____ Age _____ Race _____ Length of call _____

BOMB THREAT QUESTIONNAIRE: CALLER'S VOICE:

| | | | |
|---------------|----------------|-----------------------|------------------------------|
| _____ Calm | _____ Laughing | _____ Lisp | _____ Disguised |
| _____ Angry | _____ Crying | _____ Raspy | _____ Accent |
| _____ Excited | _____ Normal | _____ Deep | _____ Familiar |
| _____ Slow | _____ Distinct | _____ Ragged | _____ If voice is familiar |
| _____ Rapid | _____ Slurred | _____ Clearing throat | _____ who did it sound like? |
| _____ Soft | _____ Nasal | _____ Deep breathing | _____ |
| _____ Loud | _____ Stutter | _____ Cracking voice | _____ |

BACKGROUND SOUNDS:

| | | | |
|---------------------|------------------------|-----------------|---------------------------|
| _____ Street noises | _____ House | _____ Factory | _____ Local |
| _____ Crockery | _____ Motor | _____ Machinery | _____ Long distance |
| _____ Voices | _____ Office Machinery | _____ Clear | _____ Animal Noises Booth |
| _____ PA System | _____ Static | _____ Music | |

Other _____

THREAT LANGUAGE:

| | | |
|-----------------------------|-------------|------------------------------------|
| _____ Well spoken(educated) | _____ Foul | _____ Incoherent |
| _____ Irrational | _____ Taped | _____ Message read by threat maker |

REMARKS:

Report call immediately to 911

Fill out completely after the call Date / /

Phone number _____

Name _____ Position _____