Bomb Threat Checklist

**Questions to Ask:**

When is the bomb going to go off? _____________________________

Where is the bomb? ________________________________________

What does it look like? ______________________________________

What kind of bomb is it? ______________________________________

What will cause it to explode? Timer? ___________________________

Did you place the bomb? _____________________________________

Why? _______________________________________________________

What is your name? Who do you represent? _____________________

What is your location? Address? _______________________________

**Caller was:**

*Male _____ Female ___*

*Race? _______________

**Caller’s Voice:**

*Calm _____ Angry _____ Excited _____ Slow_____ Rapid _____ Soft _____*

*Loud _____ Laughter _____ Crying _____ Normal _____ Distinct _____ Slurred _____*

*Nasal _____ Stutter _____ Lisp _____ Raspy _____ Deep _____ Ragged _____ Accent _____*

*Cleared Throat _____ Deep Breathing _____ Cracking Voice _____ Disguised Voice _____*

*Whisper _____*

*Familiar ________*

*If Familiar, who did it sound like? ______________________________

**Background Noises:**

*Street Noises _____ Crockery _____ Other Voices _____ Music _____*

*PA System _____ Motor(s) _____ Office Machinery _____ Factory Machinery _____ Animals _____*

*Static _____ Children _____ Long Distance Call _____ Local Call _____ Phone Booth _____*

*Other _______________________________________________________

**Threat Language:**

*Well Spoken (Educated) _____ Foul _____ Irrational _____ Incoherent _____*

*Taped Message _____ Message Read via Script _____*

*Exact Statement(s)________________________________________________