

BOMB THREAT FORM

If "Caller ID" is in place, record the information: _____

**** Keep the caller on the phone as long as possible. ****

Exact time of call: _____

Exact words of caller: _____

Bomb Threat Data Checklist:

1. When is the bomb going to explode? _____
2. Where is the bomb? _____
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 was it placed? _____
8. Where are you calling from? Address? _____
9. What is your name? _____

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

- Caller's Voice:** Calm Soft Distinct Raspy Familiar Angry
 Loud Slurred Deep Nasal Ragged Clearing throat
 Excited Laughing Slow Crying Stutter Deep breathing
 Disguised Rapid Normal Lisp Accent Cracking voice

Was the voice familiar? _____

Background Sounds:

- Street noise Music Machinery Local Cell Phone
 Animal noises Voices Motor Clear Long distance
 PA System Static Office Machines House noises

Other _____

Language: Well spoken (educated) Foul Incoherent Message read Irrational Taped

Remarks: _____

Fill out completely, immediately after bomb threat. Date: _____

Name: _____ Phone: _____

Position: _____