

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

Was the voice familiar? _____

Background Sounds:

- | | | | | |
|--|---------------------------------|--|---------------------------------------|--|
| <input type="checkbox"/> Street noise | <input type="checkbox"/> Music | <input type="checkbox"/> Machinery | <input type="checkbox"/> Local | <input type="checkbox"/> Cell Phone |
| <input type="checkbox"/> Animal noises | <input type="checkbox"/> Voices | <input type="checkbox"/> Motor | <input type="checkbox"/> Clear | <input type="checkbox"/> Long distance |
| <input type="checkbox"/> PA System | <input type="checkbox"/> Static | <input type="checkbox"/> Office Machines | <input type="checkbox"/> 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: _____