

BOMB THREAT CHECKLIST FOR PHONED THREATS
(To be completed after contacting Law Enforcement)

QUESTIONS TO ASK:

1. When is the bomb going to explode? _____
2. Where is it right now? _____
3. What does it look like? _____
4. What will cause it to explode? _____

EXACT WORDING OF THE THREAT:

Name of person receiving call: _____ Time: _____ Date: _____			
Caller's Identity:	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Adult <input type="checkbox"/> Juvenile	Approximate Age _____
Origin of call (if you can tell or ask):	<input type="checkbox"/> Local <input type="checkbox"/> Long Distance	<input type="checkbox"/> Booth	<input type="checkbox"/> Internal (from within building)
Vocal characteristics:	<input type="checkbox"/> Loud <input type="checkbox"/> Soft <input type="checkbox"/> Pleasant	<input type="checkbox"/> High Pitch <input type="checkbox"/> Deep <input type="checkbox"/> Raspy	<input type="checkbox"/> Intoxicated <input type="checkbox"/> Other
Speech:	<input type="checkbox"/> Fast <input type="checkbox"/> Slow <input type="checkbox"/> Distinct	<input type="checkbox"/> Distorted <input type="checkbox"/> Nasal <input type="checkbox"/> Slurred	<input type="checkbox"/> Stutter <input type="checkbox"/> Lisp <input type="checkbox"/> Other
Language:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Foul <input type="checkbox"/> Other
Accent:	<input type="checkbox"/> Local <input type="checkbox"/> Not Local	<input type="checkbox"/> Regional <input type="checkbox"/> Foreign	<input type="checkbox"/> Other
Manner:	<input type="checkbox"/> Calm <input type="checkbox"/> Angry <input type="checkbox"/> Emotional <input type="checkbox"/> Laughing	<input type="checkbox"/> Rational <input type="checkbox"/> Irrational <input type="checkbox"/> Belligerent <input type="checkbox"/> Righteous	<input type="checkbox"/> Coherent <input type="checkbox"/> Incoherent
Background Noises:	<input type="checkbox"/> Machinery <input type="checkbox"/> Trains <input type="checkbox"/> Street <input type="checkbox"/> Office Machines	<input type="checkbox"/> Quiet <input type="checkbox"/> Music <input type="checkbox"/> Voices <input type="checkbox"/> Party Atmosphere	<input type="checkbox"/> Bedlam <input type="checkbox"/> Animals <input type="checkbox"/> Other