
**PUBLIC SAFETY
BOMB THREAT CHECK LIST**

Exact time of call: _____ Date: _____ Length of Call: _____ Sex of Caller: _____
Age: _____ Exact words off caller: _____

QUESTIONS TO ASK:

- 1) What is your name? _____ 2) Where are you calling from? _____
3) What is your address? _____ 4) When is the bomb going to explode? _____
5) Where is the bomb right now? _____ 6) What does it look like? _____
7) What kind of bomb is it? _____ 8) What will cause it to explode? _____
9) Did you place the bomb? _____ 10) Why was the bomb placed? _____

CALLER'S VOICE:

- | | | | |
|---------------------------------|----------------------------------|------------------------------------|----------------------------------|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Angry | <input type="checkbox"/> Disguised | <input type="checkbox"/> Nasal |
| <input type="checkbox"/> Broken | <input type="checkbox"/> Stutter | <input type="checkbox"/> Slow | <input type="checkbox"/> Sincere |
| <input type="checkbox"/> Lisp | <input type="checkbox"/> Rapid | <input type="checkbox"/> Giggling | <input type="checkbox"/> Deep |

(Check All That Apply)

- | | | | |
|---|---|---|-------------------------------------|
| <input type="checkbox"/> Crying | <input type="checkbox"/> Squeaky | <input type="checkbox"/> Excited | <input type="checkbox"/> Stressed |
| <input type="checkbox"/> Accent | <input type="checkbox"/> Loud | <input type="checkbox"/> Slurred | <input type="checkbox"/> Normal |
| <input type="checkbox"/> Laughter | <input type="checkbox"/> Distinct | <input type="checkbox"/> Raspy | <input type="checkbox"/> Ragged |
| <input type="checkbox"/> Clearing Throat | <input type="checkbox"/> Deep Breathing | <input type="checkbox"/> Cracking Voice | <input type="checkbox"/> Whispering |
| <input type="checkbox"/> Familiar (whom did it sound like?) _____ | | | |

B. GROUND NOISES:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Street Noises | <input type="checkbox"/> Office Machinery | <input type="checkbox"/> Voices | <input type="checkbox"/> PA System |
| <input type="checkbox"/> Music | <input type="checkbox"/> House Noises | <input type="checkbox"/> Motor Vehicles | <input type="checkbox"/> Animal Noises |
| <input type="checkbox"/> Clear | <input type="checkbox"/> Static | <input type="checkbox"/> Crockery | <input type="checkbox"/> Local |
| <input type="checkbox"/> Long Distances | <input type="checkbox"/> Telephone Booth | <input type="checkbox"/> Factory Machinery | |

Other _____

THREAT LANGUAGE:

(Check All That Apply) Foul Irrational Message Read By Threat Maker
 Taped Incoherent Well Spoken (Educated)

REMARKS:

Person receiving call: _____ Rank/Shield Number: _____

Telephone number call received at: _____ Date/Tour: _____

Reported call immediately to: _____ At telephone number: _____

TRANSFER ABOVE INFORMATION TO AN INCIDENT REPORT