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: [ ] Calm [ ] Angry [ ] Disguised [ ] Nasal
[ ] Broken [ ] Stutter [ ] Slow [ ] Sincere
[ ] Lisp [ ] Rapid [ ] Giggling [ ] Deep
(Check All That Apply) [ ] Crying [ ] Squeaky [ ] Excited [ ] Stressed
[ ] Accent [ ] Loud [ ] Slurred [ ] Normal
[ ] Laughter [ ] Distinct [ ] Raspy [ ] Ragged
[ ] Clearing Throat [ ] Deep Breathing [ ] Cracking Voice [ ] Whispering
[ ] Familiar (whom did it sound like?)________________________________________

B. GROUND NOISES: [ ] Street Noises [ ] Office Machinery [ ] Voices [ ] PA System
(Check all that apply) [ ] Clear [ ] Static [ ] Crockery [ ] Local
[ ] Long Distances [ ] Telephone Booth [ ] Factory Machinery [ ] Other

THREAT LANGUAGE: [ ] Foul [ ] Irrational [ ] Message Read By Threat Maker
(Check All That Apply) [ ] 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