

# Bomb Threat Checklist

**STARTED TIME:** \_\_\_\_\_

**ENDED TIME:** \_\_\_\_\_

**EXACT WORDS OF THE CALLER:** \_\_\_\_\_

## QUESTIONS TO ASK:

When will the bomb explode? \_\_\_\_\_ Where is the bomb now? \_\_\_\_\_

What kind of bomb is it? \_\_\_\_\_ What does it look like? \_\_\_\_\_

Why did you place the bomb? \_\_\_\_\_

When did you place the bomb? \_\_\_\_\_ Where are you right now? \_\_\_\_\_

What is your name? \_\_\_\_\_ Where do you live? \_\_\_\_\_

## DESCRIPTION OF THE CALLERS VOICE:

- |                                   |                                       |                                      |                                  |
|-----------------------------------|---------------------------------------|--------------------------------------|----------------------------------|
| <input type="checkbox"/> MALE     | <input type="checkbox"/> YOUNG        | <input type="checkbox"/> MIDDLE AGED | <input type="checkbox"/> OLD     |
| <input type="checkbox"/> FEMALE   | <input type="checkbox"/> ACCENT       | <input type="checkbox"/> HESITATING  | <input type="checkbox"/> SLURRED |
| <input type="checkbox"/> ANGRY    | <input type="checkbox"/> CALM         | <input type="checkbox"/> EXCITED     | <input type="checkbox"/> SERIOUS |
| <input type="checkbox"/> EDUCATED | <input type="checkbox"/> SOUNDS LIKE: | _____                                |                                  |

## BACK GROUND NOISES:

- |                                 |                                   |                                  |                                    |
|---------------------------------|-----------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> ECHO   | <input type="checkbox"/> MUSIC    | <input type="checkbox"/> TRAFFIC | <input type="checkbox"/> AIRPLANES |
| <input type="checkbox"/> OFFICE | <input type="checkbox"/> CHILDREN | <input type="checkbox"/> OTHER   | _____                              |

## INFORMATION ABOUT THE PERSON TAKING THE CALL:

NAME \_\_\_\_\_

POSITION \_\_\_\_\_

DATE \_\_\_\_\_