

**BOMB THREAT CHECKLIST**  
**(For Gathering Essential Information)**

DATE AND TIME OF CALL: \_\_\_\_\_

EXACT WORDS USED BY THE CALLER: \_\_\_\_\_

QUESTIONS TO ASK THE CALLER: \_\_\_\_\_

- When is the bomb set to explode? \_\_\_\_\_
- Where is the bomb located? \_\_\_\_\_
- What kind of bomb is it? \_\_\_\_\_
- What does the bomb look like? \_\_\_\_\_
- Why did you place the bomb? \_\_\_\_\_
- Who are you? \_\_\_\_\_
- Where are you located? \_\_\_\_\_

DESCRIPTION OF CALLER'S VOICE:

- Male \_\_\_\_\_ Female \_\_\_\_\_
- Young \_\_\_\_\_ Middle Age \_\_\_\_\_ Old \_\_\_\_\_
- Accent: Yes \_ No \_ Type: Asian \_ Hispanic \_ Mid-East \_ Other \_
- Distinctive Speech Pattern? Yes \_\_\_\_\_ No \_\_\_\_\_
- Speech Impediments? Yes \_\_\_\_\_ No \_\_\_\_\_
- Tone of Voice: Calm \_ Excited \_ Angry \_ Scared \_ Panic \_ Fear \_
- Is individual intoxicated? Yes \_\_\_\_\_ No \_\_\_\_\_
- Is voice familiar to you: Yes \_\_\_\_\_ No \_\_\_\_\_
- If voice is familiar to you, who do you think it is? \_\_\_\_\_
- Any background noises? Yes \_\_\_ No \_\_\_ What type? \_\_\_\_\_
- Time caller hung up telephone? \_\_\_ A.M. \_\_\_ P.M.

REMARKS: \_\_\_\_\_

CALL RECEIVED BY: Name \_\_\_\_\_ Telephone Number: \_\_\_\_\_

