

Bomb Threat Checklist

Caller's Identity

- | | | |
|--------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> Not sure |
| <input type="checkbox"/> Adult | <input type="checkbox"/> Juvenile | Approximate Age _____ |

Call Details

- Origin of call
- | | | |
|-----------------------------------|--------------------------------|--|
| <input type="checkbox"/> Internal | <input type="checkbox"/> Local | <input type="checkbox"/> Long Distance |
|-----------------------------------|--------------------------------|--|
- Call display details _____
- Date _____ Time _____ AM _____ PM Duration _____
- Telephone number where call received _____

Voice Characteristics

- | | | | |
|-------------------------------------|-----------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Loud | <input type="checkbox"/> Slurred | <input type="checkbox"/> Fast | <input type="checkbox"/> Lisp |
| <input type="checkbox"/> High pitch | <input type="checkbox"/> Soft | <input type="checkbox"/> Distinct | <input type="checkbox"/> Slow |
| <input type="checkbox"/> Raspy | <input type="checkbox"/> Deep | <input type="checkbox"/> Stutter | <input type="checkbox"/> Distorted |
| <input type="checkbox"/> Nasal | <input type="checkbox"/> Pleasant | <input type="checkbox"/> Intoxicated | <input type="checkbox"/> Other _____ |

Familiar? Who? _____

Language Skill

- | | | |
|------------------------------------|-------------------------------|-------------------------------|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
|------------------------------------|-------------------------------|-------------------------------|

Accent/Nationality _____

Manner

- | | | | |
|------------------------------------|-------------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Quiet | <input type="checkbox"/> Rational | <input type="checkbox"/> Irrational |
| <input type="checkbox"/> Coherent | <input type="checkbox"/> Incoherent | <input type="checkbox"/> Deliberate | <input type="checkbox"/> Emotional |
| <input type="checkbox"/> Righteous | <input type="checkbox"/> Laughing | <input type="checkbox"/> Vulgar | <input type="checkbox"/> Other _____ |

Background Noises

- | | | | |
|--------------------------------------|-----------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> Bedlam | <input type="checkbox"/> Quiet | <input type="checkbox"/> Voices | <input type="checkbox"/> Music |
| <input type="checkbox"/> Trains | <input type="checkbox"/> Mixed | <input type="checkbox"/> Office | <input type="checkbox"/> Animals |
| <input type="checkbox"/> Factory | <input type="checkbox"/> Airplane | <input type="checkbox"/> Party | <input type="checkbox"/> Traffic |
| <input type="checkbox"/> Other _____ | | | |

Bomb Details

Where _____ When _____ Type _____ Size _____

Caller's Exact Words
