__Bomb Threat Checklist__

Property Name:
Address:
City, State Zip Code:

Exact Wording of the Threat: _____

_____

_____

Information to record:	**Caller's Voice:**

Information to record:

Dial *69 record number: _____

Gender of caller: _____ Accent/Type: _____

Age: _____ Length of call: _____

Number call received at: _____

Exact date and time of call: _____

Questions to ask:

1. When is the bomb going to explode? _____

2. Where is the bomb right now? _____

3. What does it look like? _____

4. What kind of bomb is it? _____

5. What will cause the bomb to explode? _____

6. Did you place the bomb? _____

7. Why? _____

8. Where are you calling from? _____

9. What is your name? _____

10. What is your address? _____

Caller's Voice:

☐ Normal	☐ Stutter
☐ Angry	☐ Lisp
☐ Excited	☐ Whisper
☐ Laughter	☐ Crying
☐ Familiar	☐ Slurred

Background Sound:

☐ Street Noises	☐ Animal Noises
☐ Voices	☐ Static
☐ PA System	☐ Local
☐ Music	☐ Long Distance
☐ Motor Noises	☐ Cellular
☐ Children	
☐ Other:	

Threat Language:

☐ Educated	☐ Incoherent
☐ Foul	☐ Taped
☐ Irrational	☐ Message Read

Name of person completing form: _____ Phone Number _____

Firm/Position: _____ Date and time form completed: _____