

Bomb Threat Checklist

Caller's Voice:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Disguised |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Accent |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Familiar |
| <input type="checkbox"/> Slow | <input type="checkbox"/> Deep |
| <input type="checkbox"/> Rapid | <input type="checkbox"/> Nasal |
| <input type="checkbox"/> Soft | <input type="checkbox"/> Stutter |
| <input type="checkbox"/> Loud | <input type="checkbox"/> Lisp |
| <input type="checkbox"/> Laughter | <input type="checkbox"/> Raspy |
| <input type="checkbox"/> Crying | <input type="checkbox"/> Ragged |
| <input type="checkbox"/> Normal | <input type="checkbox"/> Clearing Throat |
| <input type="checkbox"/> Slurred | <input type="checkbox"/> Deep Breathing |
| <input type="checkbox"/> Distinct | <input type="checkbox"/> Cracking Voice |

Questions to ask:

- 1) When is the bomb going to explode?
- 2) Where is it right now?
- 3) What does it look like?
- 4) What kind of bomb is it?
- 5) What will cause it to explode?
- 6) Did you place the bomb?
- 7) Why?
- 8) What is your address?
- 9) What is your name?
- 10) If the voice is familiar, who did it sound like?

Exact wording of the threat:

Threat language:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Well Spoken | <input type="checkbox"/> Incoherent |
| <input type="checkbox"/> Educated | <input type="checkbox"/> Taped |
| <input type="checkbox"/> Foul | <input type="checkbox"/> Message read by threat maker |
| <input type="checkbox"/> Irrational | <input type="checkbox"/> Deep |

Remarks:

Background sounds:

- | | |
|--|--|
| <input type="checkbox"/> Street noises | <input type="checkbox"/> Voices |
| <input type="checkbox"/> House noises | <input type="checkbox"/> Static |
| <input type="checkbox"/> PA System | <input type="checkbox"/> Phone Booth |
| <input type="checkbox"/> Music | <input type="checkbox"/> Local |
| <input type="checkbox"/> Office machinery | <input type="checkbox"/> Long distance |
| <input type="checkbox"/> Factory machinery | <input type="checkbox"/> None |
| <input type="checkbox"/> Animal noises | |

Other:

Sex of caller: _____

Ethnicity/nationality of caller: _____

Age of caller: _____

Length of call: _____

Time of call: _____

Immediately dial 911 or dial 244-4226 to reach Campus Police: Give responding officers this completed form. Add the following information:

Date: _____

Job Title: _____

Name: _____

Department Name: _____

Phone Number: _____