

BOMB THREAT CHECKLIST

Time: _____ Date: _____ Length of call: _____ #/Name Visible on Caller ID: _____

EXACT WORDING OF THREAT:

Questions to ask:

- | | |
|---|----------------------------------|
| 1. When is the bomb going to explode? _____ | 6. Did you place the bomb? _____ |
| 2. Where is it right now? _____ | 7. Why? _____ |
| 3. What does it look like? _____ | 8. What is your name? _____ |
| 4. What kind of bomb is it? _____ | 9. What is your address? _____ |
| 5. What will cause it to explode? _____ | |

Caller's Voice: Apparent Age: _____ Apparent Sex: _____

- | | | | |
|--|------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Slow | <input type="checkbox"/> Calm | <input type="checkbox"/> Rapid | <input type="checkbox"/> Distinct |
| <input type="checkbox"/> Lisp | <input type="checkbox"/> Crying | <input type="checkbox"/> Laughing | <input type="checkbox"/> Familiar |
| <input type="checkbox"/> Slurred | <input type="checkbox"/> Disguised | <input type="checkbox"/> Normal | <input type="checkbox"/> Loud |
| <input type="checkbox"/> Intoxicated | <input type="checkbox"/> Excited | <input type="checkbox"/> Stutter | <input type="checkbox"/> Voice Cracking |
| <input type="checkbox"/> Deep Breathing | <input type="checkbox"/> Nasal | <input type="checkbox"/> Angry | <input type="checkbox"/> Accent or Dialect: _____ |
| <input type="checkbox"/> Throat Clearing | | | |

Background Sounds: Local: _____ Distant: _____

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Subway | <input type="checkbox"/> Static |
| <input type="checkbox"/> Music | <input type="checkbox"/> House |
| <input type="checkbox"/> Office Machinery | <input type="checkbox"/> Motors |
| <input type="checkbox"/> Voices | <input type="checkbox"/> Phone Booth |
| <input type="checkbox"/> Clear | <input type="checkbox"/> Other _____ |

Threat Language:

- Obscene
- Well Spoken
- Incoherent
- Irrational
- Taped
- Message Read by Threat Maker

If the voice was familiar, whom did it sound like? _____

Did you identify this location to the caller? _____

Number at which call was received: _____

Your Name: _____ Company: _____

Your Position: _____ Phone: _____

**REPORT THIS CALL IMMEDIATELY TO 799 BROADWAY
TELEPHONE: (212)-858-0799**