

## Bomb Threat Information Sheet

In the event of a phoned-in bomb threat, the following sheet should be used to record any information that would be useful to law enforcement in determining the validity of the threat, location of the bomb, location of the caller, etc.

### Questions to ask during the threat:

1. What kind of bomb is it?
  - Time bomb
  - Barometric altitude bomb
  - Anti-handling bomb
2. Where is the bomb right now?
3. When is the bomb going to explode?
4. What does the bomb look like?
5. Where did you place the bomb?
6. Why?
7. What is your name?
8. What is your address?

### Exact wording of threat:

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Sex of caller:	Race:
Age:	Length of call:
Number at which call was received:	
Number call was from (on caller ID)	
Date:	Time:
Report call immediately to: <b>Security (4357) &amp; Sheriff (911)</b>	

### Description of Caller's Voice

Mark all that apply

<input type="checkbox"/>	Calm	<input type="checkbox"/>	Nasal
<input type="checkbox"/>	Angry	<input type="checkbox"/>	Stutter
<input type="checkbox"/>	Excited	<input type="checkbox"/>	Lisp
<input type="checkbox"/>	Slow	<input type="checkbox"/>	Raspy
<input type="checkbox"/>	Rapid	<input type="checkbox"/>	Deep
<input type="checkbox"/>	Soft	<input type="checkbox"/>	Ragged
<input type="checkbox"/>	Loud	<input type="checkbox"/>	Clearing throat
<input type="checkbox"/>	Laughter	<input type="checkbox"/>	Deep breathing
<input type="checkbox"/>	Crying	<input type="checkbox"/>	Cracking voice
<input type="checkbox"/>	Normal	<input type="checkbox"/>	Disguised
<input type="checkbox"/>	Distinct	<input type="checkbox"/>	Accent
<input type="checkbox"/>	Slurred	<input type="checkbox"/>	Familiar

### Background Sounds

<input type="checkbox"/>	Street noises	<input type="checkbox"/>	Animals
<input type="checkbox"/>	Crockery	<input type="checkbox"/>	Clear
<input type="checkbox"/>	Office machines	<input type="checkbox"/>	Factory machinery
<input type="checkbox"/>	Voices	<input type="checkbox"/>	Static
<input type="checkbox"/>	PA system	<input type="checkbox"/>	Local
<input type="checkbox"/>	House noises	<input type="checkbox"/>	Long distance
<input type="checkbox"/>	Motor	<input type="checkbox"/>	Children present
<input type="checkbox"/>	Music	<input type="checkbox"/>	
<input type="checkbox"/>	Other (describe) _____		

### Threat Language

<input type="checkbox"/>	Well spoken (educated)	<input type="checkbox"/>	Message read by threat maker
<input type="checkbox"/>	Foul	<input type="checkbox"/>	Incoherent
<input type="checkbox"/>	Irrational	<input type="checkbox"/>	Taped

Remarks:	
Person making report:	
Telephone #	Date: