

BOMB THREAT/NUISANCE CALL CHECK LIST

At _____ a.m./p.m., a telephone call was received at telephone number _____, extension _____.
The following message was received.

- TRY TO GET THE CALLER TO REPEAT THE MESSAGE! (“I’m sorry, would you say that again please?”)
- DO NOT INTERRUPT THE CALLER WHILE HE/SHE IS TALKING.
- TRY TO KEEP THE CALLER TALKING! (Use your imagination - try to act natural.)
- Questions to ask the caller: What does the bomb look like?
- When is the bomb going to explode?
- Where is it right now?
- What kind of bomb is it?
- Did you place the bomb?
- What is your address?
- What is your name?

- CALL DESCRIPTION

SEX OF CALLER _____, RACE _____, AGE _____

LENGTH OF CALL _____

CALLERS VOICE

<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"/> Cleared Throat
<input type="checkbox"/> Laughter	<input type="checkbox"/> Crackling Voice
<input type="checkbox"/> Crying	<input type="checkbox"/> Disguised
<input type="checkbox"/> Normal	<input type="checkbox"/> Accent
<input type="checkbox"/> Distinct	<input type="checkbox"/> Slurred
<input type="checkbox"/> Familiar	<input type="checkbox"/> Deep Breathing
<input type="checkbox"/> Slurred	<input type="checkbox"/> Well Spoken (educated)
<input type="checkbox"/> Fouled	<input type="checkbox"/> Familiar

BACKGROUND NOISES

<input type="checkbox"/> Street Noises	<input type="checkbox"/> Factory
<input type="checkbox"/> Crockery	<input type="checkbox"/> Animal Noises
<input type="checkbox"/> P A System	<input type="checkbox"/> Clear
<input type="checkbox"/> Music	<input type="checkbox"/> Static
<input type="checkbox"/> House Noises	<input type="checkbox"/> Local
<input type="checkbox"/> Motor	<input type="checkbox"/> Long Distance
<input type="checkbox"/> Machinery	<input type="checkbox"/> Phone Booth
<input type="checkbox"/> Normal	<input type="checkbox"/> Office Machinery
<input type="checkbox"/> Familiar	<input type="checkbox"/> Voices

THIS REPORT PREPARED BY: _____ DATE: _____