Bomb Threat Information Sheet

Date and time of call:__________________   Phone Number call received at:________________

Exact words of caller____________________________________________________________

QUESTIONS TO ASK:

1. When is the bomb going to explode?_____________________________________

2. Where is the bomb?_____________________________________________________

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. Where are you calling from?___________________________________________

9. What is your address?_________________________________________________

10. What is your name?___________________________________________________

CALLER’S VOICE (circle)   Male     Female
Calm   Disguised   Nasal   Angry   Broken
Stutter   Slow   Sincere   Lisp   Rapid
Giggling   Deep   Crying   Squeaky   Excited
Stressed   Accent   Loud   Slurred   Normal

If voice is familiar, whom did it sound like?_____________________________________

Were there any background noises?____________________________________________

Name of person receiving call:_________________________________________________