

BOMB THREAT ASSESSMENT FORM

(TO BE COMPLETED BY PERSON RECEIVING BOMB THREAT CALL OR NOTICE.)

Date and Time call received _____
Exact words of person making threat (ask caller to repeat what he or she said - "I'm sorry, could you repeat that?")

Questions to Ask:

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

Sex of Caller _____ Age _____ Accent _____ Length of Call _____

Caller's Voice. Check all that are appropriate:

<input type="checkbox"/> Calm	<input type="checkbox"/> Laughing	<input type="checkbox"/> Lisp	<input type="checkbox"/> Distinguished
<input type="checkbox"/> Angry	<input type="checkbox"/> Crying	<input type="checkbox"/> Raspy	<input type="checkbox"/> Accent
<input type="checkbox"/> Excited	<input type="checkbox"/> Normal	<input type="checkbox"/> Deep	<input type="checkbox"/> Whisper
<input type="checkbox"/> Slow	<input type="checkbox"/> Distinct	<input type="checkbox"/> Ragged	<input type="checkbox"/> Soft
<input type="checkbox"/> Rapid	<input type="checkbox"/> Slurred	<input type="checkbox"/> Clearing Throat	<input type="checkbox"/> Nasal
<input type="checkbox"/> Cracking	<input type="checkbox"/> Stutter	<input type="checkbox"/> Cracking Voice	
<input type="checkbox"/> Loud	<input type="checkbox"/> Deep Breathing		
<input type="checkbox"/> Familiar?	Whom did it sound like? _____		

Background Sounds. Check all that are appropriate:

<input type="checkbox"/> Street noises	<input type="checkbox"/> House noises	<input type="checkbox"/> Dishes banging
<input type="checkbox"/> Static	<input type="checkbox"/> Adult voices	<input type="checkbox"/> Children's Voices
<input type="checkbox"/> Local call	<input type="checkbox"/> Long distance	<input type="checkbox"/> PA systems
<input type="checkbox"/> Factory noises	<input type="checkbox"/> Airport noise	<input type="checkbox"/> Phone Booth

Language Used. Check all that are appropriate:

<input type="checkbox"/> Educated	<input type="checkbox"/> Incoherent	<input type="checkbox"/> Irrational
<input type="checkbox"/> Foul/Swearing	<input type="checkbox"/> Message read by caller	<input type="checkbox"/> Message taped

Other. Use this space to write anything else not covered above:

Signature of person taking the call: _____

Position _____ Department _____
Work Phone _____ Date _____