

AP Appendix 1600 C: Bomb Threat Checklist

Call Information:

Date of Call:	Phone # of Caller:
Time Call Received:	Time Call Concluded:
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
Person Receiving Call:	Phone # Call Received On:

What were the EXACT WORDS of the caller? Ask them to repeat the message, if necessary.

Ask the following questions:

When is the bomb going to explode?
Where exactly is the bomb?
Did you place the bomb? <input type="checkbox"/> Yes <input type="checkbox"/> No
When did you put it there?
What does the bomb look like?
What kind of bomb is it?
What will make the bomb explode?
Why did you place the bomb?
What is your name?
Where are you?
What is your address?
Are you aware that it could kill or injure innocent people in addition to those you intend to hurt? <input type="checkbox"/> Yes <input type="checkbox"/> No

Characteristics of the Call:

Call Origination:	<input type="checkbox"/> Local	<input type="checkbox"/> Long Distance	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> Unknown
Message:	<input type="checkbox"/> Live	<input type="checkbox"/> Recorded	<input type="checkbox"/> Message read by caller	

Characteristics of the Caller (check all that apply):

Sex of Caller:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unknown
Estimated Age:	<input type="checkbox"/> Child/Teen	<input type="checkbox"/> Young Adult	<input type="checkbox"/> Middle-Aged Adult <input type="checkbox"/> Senior
Voice Qualities:	Speech Pattern:		
<input type="checkbox"/> Clear	<input type="checkbox"/> Distorted/Muffled	<input type="checkbox"/> Deliberate	<input type="checkbox"/> Hesitant
<input type="checkbox"/> Loud	<input type="checkbox"/> Soft	<input type="checkbox"/> Distinct	<input type="checkbox"/> Slurred
<input type="checkbox"/> Pitch - High	<input type="checkbox"/> Pitch - Low/Deep	<input type="checkbox"/> Fast	<input type="checkbox"/> Slow
<input type="checkbox"/> Raspy	<input type="checkbox"/> Smooth	<input type="checkbox"/> Speech Impediment	
<input type="checkbox"/> Pleasant	<input type="checkbox"/> Unpleasant	<input type="checkbox"/> Accent (describe)	
Comments:	Comments:		
Language:	Behaviours:		
<input type="checkbox"/> Educated	<input type="checkbox"/> Uneducated	<input type="checkbox"/> Calm	<input type="checkbox"/> Angry
<input type="checkbox"/> Well Spoken	<input type="checkbox"/> Foul	<input type="checkbox"/> Confident	<input type="checkbox"/> Nervous
<input type="checkbox"/> Rational	<input type="checkbox"/> Irrational	<input type="checkbox"/> Blaming	<input type="checkbox"/> Fearful
<input type="checkbox"/> English	<input type="checkbox"/> Non-English	<input type="checkbox"/> Depressed	<input type="checkbox"/> Agitated
<input type="checkbox"/> Unusual Phrases/Slang	<input type="checkbox"/> Laughing <input type="checkbox"/> Crying		
Comments:	Comments:		
Background Sounds:			
<input type="checkbox"/> Airport/Airplanes	<input type="checkbox"/> House Noises	<input type="checkbox"/> Quiet	<input type="checkbox"/> Train
<input type="checkbox"/> Animals/Birds	<input type="checkbox"/> Music	<input type="checkbox"/> Restaurant/Bar	<input type="checkbox"/> Traffic/Street
<input type="checkbox"/> Children	<input type="checkbox"/> Office Machinery	<input type="checkbox"/> Talking/Voices	<input type="checkbox"/> Water/Wind
<input type="checkbox"/> Factory Machinery	<input type="checkbox"/> PA System	<input type="checkbox"/> Television	<input type="checkbox"/> Weapons
Comments:			

Observations and Other Comments:

Did you recognize the voice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who do you think it is?		
Did the caller indicate in-depth knowledge of the facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the caller attempt to disguise their voice?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional Comments:		