



**Department of the Treasury
Bureau of Alcohol, Tobacco & Firearms
BOMB THREAT CHECKLIST**



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

EXACT WORDING OF BOMB THREAT:

Sex of caller: _____ Race: _____

Age: _____ Length of call: _____

Telephone number at which call is received: _____

Time call received: _____

Date call received: _____

CALLER'S VOICE

- | | |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Nasal |
| <input type="checkbox"/> Soft | <input type="checkbox"/> Angry |
| <input type="checkbox"/> Stutter | <input type="checkbox"/> Loud |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Lisp |
| <input type="checkbox"/> Laughter | <input type="checkbox"/> Slow |
| <input type="checkbox"/> Rasp | <input type="checkbox"/> Crying |
| <input type="checkbox"/> Rapid | <input type="checkbox"/> Deep |
| <input type="checkbox"/> Normal | <input type="checkbox"/> Distinct |

- | | |
|--|--|
| <input type="checkbox"/> Slurred | <input type="checkbox"/> Whispered |
| <input type="checkbox"/> Ragged | <input type="checkbox"/> Clearing Throat |
| <input type="checkbox"/> Deep Breathing | <input type="checkbox"/> Cracking Voice |
| <input type="checkbox"/> Disguised | <input type="checkbox"/> Accent |
| <input type="checkbox"/> Familiar (If voice is familiar, who did it sound like?) _____ | |

BACKGROUND SOUNDS:

- | | |
|--|---|
| <input type="checkbox"/> Street noises | <input type="checkbox"/> Factory machinery |
| <input type="checkbox"/> Voices | <input type="checkbox"/> Crockery |
| <input type="checkbox"/> Animal noises | <input type="checkbox"/> Clear |
| <input type="checkbox"/> PA System | <input type="checkbox"/> Static |
| <input type="checkbox"/> Music | <input type="checkbox"/> House noises |
| <input type="checkbox"/> Long distance | <input type="checkbox"/> Local |
| <input type="checkbox"/> Motor | <input type="checkbox"/> Office machinery |
| <input type="checkbox"/> Booth | <input type="checkbox"/> Other (Please specify) _____ |

BOMB THREAT LANGUAGE:

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

REMARKS:

Your name: _____

Your position: _____

Your telephone number: _____

Date checklist completed: _____