

BOMB THREAT CHECKLIST

Exact time of call: _____

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 (CHECK ALL THAT APPLY):

- | | | | |
|---------------------------------|------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Calm | <input type="checkbox"/> Disguised | <input type="checkbox"/> Nasal | <input type="checkbox"/> Angry |
| <input type="checkbox"/> Broken | <input type="checkbox"/> Stutter | <input type="checkbox"/> Slow | <input type="checkbox"/> Sincere |
| <input type="checkbox"/> Lisp | <input type="checkbox"/> Rapid | <input type="checkbox"/> Giggling | <input type="checkbox"/> Deep |
| <input type="checkbox"/> Crying | <input type="checkbox"/> Squeaky | <input type="checkbox"/> Excited | <input type="checkbox"/> Stressed |
| <input type="checkbox"/> Accent | <input type="checkbox"/> Loud | <input type="checkbox"/> Slurred | <input type="checkbox"/> Normal |

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

Were there any background noises? _____

Remarks: _____

Person receiving call: _____

Telephone number call received at: _____

Date: _____

Report call immediately; call the Transwestern Property Management Office immediately to report the bomb threat. Then proceed to complete and deliver this checklist to the Property Management Office as soon as possible.