

## M. Unit Bomb Threat Checklist

Instructions: Remain calm and be courteous with the caller. Do not interrupt the caller. Pretend you can't hear the caller and try to keep the caller talking. Fill out the form below with as much information as possible.

1. Where is the bomb going to explode?		5. What will cause the bomb to explode?	
2. When is the bomb going to explode?		6. Did you place the bomb? If so, why?	
3. What does the bomb look like?		7. What is your address?	
4. What kind of bomb is it?		8. What is your name?	
Exact wording of the threat:			
Time of Call:		Date:	
Phone Number Call Received From:			
Accent: _____		Manner: <input type="checkbox"/> Angry <input type="checkbox"/> Calm <input type="checkbox"/> Irrational <input type="checkbox"/> Rational <input type="checkbox"/> Incoherent <input type="checkbox"/> Coherent <input type="checkbox"/> Emotional <input type="checkbox"/> Deliberate <input type="checkbox"/> Laughing <input type="checkbox"/> Righteous <input type="checkbox"/> Other: _____	
Voice: <input type="checkbox"/> Soft <input type="checkbox"/> Loud <input type="checkbox"/> Deep <input type="checkbox"/> High Pitch <input type="checkbox"/> Pleasant <input type="checkbox"/> Raspy <input type="checkbox"/> Other: _____ <input type="checkbox"/> Intoxicated         _____		Speech: <input type="checkbox"/> Slow <input type="checkbox"/> Fast <input type="checkbox"/> Stutter <input type="checkbox"/> Distinct <input type="checkbox"/> Nasal <input type="checkbox"/> Distorted <input type="checkbox"/> Other: _____ <input type="checkbox"/> Slurred         _____	
Background: <input type="checkbox"/> Trains <input type="checkbox"/> Machines <input type="checkbox"/> Animals <input type="checkbox"/> Music <input type="checkbox"/> Voices <input type="checkbox"/> Office <input type="checkbox"/> Airplanes <input type="checkbox"/> None <input type="checkbox"/> Other: _____ <input type="checkbox"/> Traffic         _____		Language: <input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Other: _____ <input type="checkbox"/> Foul <input type="checkbox"/> Other: _____         _____	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Adult <input type="checkbox"/> Juvenile Age: (    )	
Call Origin: <input type="checkbox"/> Local <input type="checkbox"/> Non-Local			
Your Name:		Your Phone Number:	
Your Position:		Date of Report:	