

905.02R1 Bomb Incident Plan

Friday, August 11, 2023

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. Is there one bomb or multiple bombs?
5. What will cause the bomb to explode?
6. Did you place the bomb?
7. Why?
8. What is your name?
9. What is your address?

Comments or other remarks: _____

Sex of caller: _____ Race: _____

Age: _____ Length of call: _____

Telephone number which received the call: _____

Time and date call was received: _____

CALLER'S VOICE CHARACTERISTICS

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

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> Slow | <input type="checkbox"/> Crying | <input type="checkbox"/> Deep |
| <input type="checkbox"/> Distinct | <input type="checkbox"/> Slurred | <input type="checkbox"/> Ragged |
| <input type="checkbox"/> Deep Breathing | <input type="checkbox"/> Disguised | <input type="checkbox"/> Familiar |
| <input type="checkbox"/> Whispered | <input type="checkbox"/> Cracking Voice | <input type="checkbox"/> Accent |
| <input type="checkbox"/> Clearing Throat | <input type="checkbox"/> Other _____ | |

BACKGROUND SOUNDS

- | | | |
|--|--|---|
| <input type="checkbox"/> Street Noises | <input type="checkbox"/> Long Distance | <input type="checkbox"/> Static |
| <input type="checkbox"/> Voices | <input type="checkbox"/> Motor | <input type="checkbox"/> House Noises |
| <input type="checkbox"/> Animal Noises | <input type="checkbox"/> Booth | <input type="checkbox"/> Local |
| <input type="checkbox"/> PA System | <input type="checkbox"/> Crockery | <input type="checkbox"/> Office Machinery |
| <input type="checkbox"/> Music | <input type="checkbox"/> Clear | <input type="checkbox"/> Other _____ |

BOMB THREAT LANGUAGE

- | | | |
|--------------------------------------|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Well Spoken | <input type="checkbox"/> Taped | <input type="checkbox"/> Foul |
| <input type="checkbox"/> Incoherent | <input type="checkbox"/> Message Read | <input type="checkbox"/> Irrational |

Other Remarks: _____

Person Receiving Phone Call: _____

Position: _____ Date Check List Completed: _____

Reviewed _____ Revised _____