

BOMB THREAT CHECKLIST	Caller's Voice		
<p>Ask</p> <p>When is the bomb going to explode? _____</p> <p>Where is it right now? _____</p> <p>What does it look like? _____</p> <p>What kind of bomb is it? _____</p> <p>What will cause it to explode? _____</p> <p>Did you place the bomb? Why? _____</p> <p>What is your name? _____</p> <p>What is your address? _____</p> <p>Exact wording of threat: _____</p> <p>_____</p> <p>Name of Caller (if known): _____</p> <p>Number from which call originated: _____</p> <p>Male/Female: _____</p> <p>Race: _____</p> <p>Age: _____</p> <p>Name of Recipient of Call: _____</p> <p>Number at which call was received: _____</p> <p>Time: _____</p> <p>Date: _____</p> <p>Additional Comments:</p>	<input type="checkbox"/> Calm <input type="checkbox"/> Angry <input type="checkbox"/> Excited <input type="checkbox"/> Slow <input type="checkbox"/> Soft <input type="checkbox"/> Loud <input type="checkbox"/> Laughter <input type="checkbox"/> Crying	<input type="checkbox"/> Normal <input type="checkbox"/> Distinct <input type="checkbox"/> Slurred <input type="checkbox"/> Nasal <input type="checkbox"/> Stutter <input type="checkbox"/> Lisp <input type="checkbox"/> Raspy <input type="checkbox"/> Deep <input type="checkbox"/> Accent	<input type="checkbox"/> Ragged <input type="checkbox"/> Clearing throat <input type="checkbox"/> Deep breathing <input type="checkbox"/> Cracked voice <input type="checkbox"/> Disguised <input type="checkbox"/> Familiar
	<p style="text-align: center;">Background</p> <input type="checkbox"/> Street noise <input type="checkbox"/> Animal noise <input type="checkbox"/> Clear <input type="checkbox"/> Static <input type="checkbox"/> Music <input type="checkbox"/> House noise <input type="checkbox"/> Motor <input type="checkbox"/> Other	<p style="text-align: center;">Sounds</p> <input type="checkbox"/> Office noise <input type="checkbox"/> Factory noise <input type="checkbox"/> Voices <input type="checkbox"/> PA system <input type="checkbox"/> Local <input type="checkbox"/> Long distance <input type="checkbox"/> Booth	
	<p style="text-align: center;">Threat</p> <input type="checkbox"/> Well spoken <input type="checkbox"/> Foul <input type="checkbox"/> Irrational	<p style="text-align: center;">Language</p> <input type="checkbox"/> Incoherent <input type="checkbox"/> Taped <input type="checkbox"/> Message read by threat maker	