BOMB THREAT CHECKLIST

| CHECKLICE | Accent (specify): |
|---------------------------------------|--|
| CHECKLIST | Any impediment (specify): |
| | Voice (loud, soft, etc): |
| 1. When is the bomb going to explode? | Speech (fast, slow): |
| | Diction (clear, muffled): |
| | Manner (calm, emotional, etc): |
| 2. Where did you put the bomb? | Did you recognize the voice? |
| | If so, who do you think it was? |
| | Was the caller familiar with the area? |
| 3. When did you put it there? | Threat Language: |
| | Well Spoken: |
| 4. What does the bomb look like? | Incoherent: |
| | Taped: |
| | Message read by caller: |
| 5. What kind of bomb is it? | Abusive: |
| | Other: |
| 6. What will make the bomb explode? | Background Noises: |
| | Street Noises: |
| | House Noises: |
| 7. Did you place the bomb? | Alrcraft: |
| | Voices: Local call: |
| | Music: Long distance: |
| 8. Why did you place the bomb? | Machinery: STD: |
| | Other: |
| 9. What is your name? | Other: |
| | Sex of caller: |
| | Estimated age: |
| 10. Where are you? | Number: |
| | Call Taken: |
| 11. What is your address? | |
| | Date:// Time: Duration of call: |
| | Number called: |
| Exact wording of the Threat: | |
| -Aut wording of the Hilledt. | Recipient: |
| | Name (print): |
| | Telephone Number: |
| | Signature: |
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| , | |

Action:

Report call immediately to:

JSU Police Dept
Phone Number: EXT. 5050 or 6000

Caller's Voice:

REMEMBER **Keep Calm** Don't hang **UP**