



Office of Court Administration  
Court Security Division

## BOMB THREAT CHECKLIST

Place this card close to your phone

### QUESTIONS TO ASK:

1. WHEN IS THE BOMB GOING TO EXPLODE?
2. WHERE IS IT RIGHT NOW?
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. WHAT IS YOUR ADDRESS?  
(WHERE ARE YOU CALLING FROM?)
9. WHAT IS YOUR NAME?

### EXACT WORDING OF THE THREAT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEX OF CALLER: \_\_\_\_\_ RACE: \_\_\_\_\_

AGE (YOUNG/OLD): \_\_\_\_\_ LENGTH OF CALL: \_\_\_\_\_

IF YOUR PHONE HAS CALLER ID, WHAT NUMBER IS IDENTIFIED? ( ) \_\_\_\_\_

NUMBER AT WHICH CALL IS RECEIVED:

( ) \_\_\_\_\_

TIME OF CALL: \_\_\_\_\_ DATE OF CALL: \_\_\_\_\_

## BOMB THREAT CHECKLIST

Do not hang up phone, even if caller hangs up.

### CALLER'S VOICE:

- |              |                     |
|--------------|---------------------|
| ___ CALM     | ___ NASAL           |
| ___ ANGRY    | ___ STUTTER         |
| ___ EXCITED  | ___ LISP            |
| ___ SLOW     | ___ RASPY           |
| ___ RAPID    | ___ DEEP            |
| ___ SOFT     | ___ RAGGED          |
| ___ LOUD     | ___ CLEARING THROAT |
| ___ LAUGHTER | ___ DEEP BREATHING  |
| ___ CRYING   | ___ CRACKING VOICE  |
| ___ NORMAL   | ___ DISGUISED       |
| ___ DISTINCT | ___ ACCENT*         |
| ___ SLURRED  | ___ FAMILIAR**      |
| ___ NERVOUS  | ___ WHISPERED       |

\* IF THERE'S AN ACCENT, WHAT LANGUAGE DID IT SOUND LIKE? \_\_\_\_\_

\*\* IF VOICE IS FAMILIAR, WHO DID IT SOUND LIKE? \_\_\_\_\_

### BACKGROUND SOUNDS:

- |                      |                       |
|----------------------|-----------------------|
| ___ HORNS/WHISTLES   | ___ FACTORY MACHINERY |
| ___ STREET NOISES    | ___ AIRCRAFT/TRAINS   |
| ___ VOICES           | ___ ANIMAL NOISES     |
| ___ P.A. SYSTEM      | ___ CLEAR             |
| ___ MUSIC            | ___ STATIC            |
| ___ HOUSE NOISES     | ___ LOCAL             |
| ___ MOTOR            | ___ LONG DISTANCE     |
| ___ OFFICE MACHINERY | ___ BOOTH             |
| ___ OTHER: _____     |                       |

### THREAT LANGUAGE:

- |  |                                  |
|--|----------------------------------|
| ___ WELLSPOKEN (EDUCATED)                      | ___ INCOHERENT                   |
| ___ FOUL                                       | ___ TAPED                        |
| ___ IRRATIONAL                                 | ___ MESSAGE READ BY THREAT-MAKER |
| ___ CALLER INDICATED FAMILIARITY WITH BUILDING |                                  |

### REMARKS:

### REPORT CALL IMMEDIATELY TO:

PLEASE FILL IN NUMBER WHEN YOU RECEIVE THIS FORM.

DATE CHECKLIST COMPLETED: \_\_\_\_\_  
YOUR NAME: \_\_\_\_\_  
YOUR POSITION: \_\_\_\_\_  
YOUR PHONE NUMBER: ( ) \_\_\_\_\_