

### Bomb Threat Information Sheet

Date and time of call: \_\_\_\_\_ Phone Number call received at:  
\_\_\_\_\_

Exact words of caller \_\_\_\_\_

#### QUESTIONS TO ASK:

1. When is the bomb going to explode? \_\_\_\_\_
2. Where is the bomb? \_\_\_\_\_
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. Where are you calling from? \_\_\_\_\_
9. What is your address? \_\_\_\_\_
10. What is your name? \_\_\_\_\_

	CALLER'S VOICE (circle)			Male	Female
Calm	Disguised	Nasal	Angry	Broken	
	Stutter	Slow	Sincere	Lisp	Rapid
Giggling	Deep	Crying	Squeaky	Excited	
	Stressed	Accent	Loud	Slurred	Normal

If voice is familiar, whom did it sound like? \_\_\_\_\_

Were there any background noises? \_\_\_\_\_

Name of person receiving call: \_\_\_\_\_