

Appendix C

Telephone Bomb Threat Checklist

The Bureau of Alcohol, Tobacco & Firearms has published the following checklist to be completed any time a bomb threat is received by telephone. It is important to complete the checklist as soon as possible after a call is received so details are not forgotten. Give the completed form to law enforcement.

EXACT time of call: _____ **Circle:** Male/Female Adult/Child Age _____

EXACT words of caller (attach additional sheet if necessary):

QUESTION 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 (CHECK ALL THAT APPLIES):

Calm	Slow	Crying	Slurred	Stutter	Deliberate
Deep	Loud	Broken	Giggling	Accent	Disguised
Angry	Rapid	Stressed	Nasal	Lisp	Incoherent
Excited	Disgusted	Sincere	Squeaky	Normal	Intoxicated

OTHER INFORMATION:

If the voice is familiar, whom did it sound like? _____

Were there any background noises? _____

Remarks (attach additional sheets if necessary): _____

Person receiving call: _____

Telephone number call received at: (_____) - _____ - _____

Date: (MM/DD/YYYY) _____