

APPENDIX L: BOMB THREAT CHECKLIST

QUESTIONS TO ASK DURING THE THREAT:

- What kind of a bomb is it?
 - ☐ time bomb
 - ☐ barometric altitude bomb
 - ☐ anti-handling bomb

Where is it right now?

When is it going to explode?

What does it look like?

Where did you place the bomb?

Why?

What is your name?

What is your address?

EXACT WORDING OF THREAT

Sex of caller:	
Age:	Length of call:
Number at which call was received:	
Number on caller ID:	
Date:	Time:

<p><i>Report call immediately to:</i> Helena Police Dept./Sheriff's Office (911)</p>
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DESCRIPTION OF CALLER'S VOICE

Mark all applicable items:

<input type="checkbox"/>	Calm	<input type="checkbox"/>	Nasal
<input type="checkbox"/>	Angry	<input type="checkbox"/>	Stutter
<input type="checkbox"/>	Excited	<input type="checkbox"/>	Lisp
<input type="checkbox"/>	Slow	<input type="checkbox"/>	Raspy
<input type="checkbox"/>	Rapid	<input type="checkbox"/>	Deep
<input type="checkbox"/>	Soft	<input type="checkbox"/>	Ragged
<input type="checkbox"/>	Loud	<input type="checkbox"/>	Clearing throat
<input type="checkbox"/>	Laughter	<input type="checkbox"/>	Deep breathing
<input type="checkbox"/>	Crying	<input type="checkbox"/>	Cracking voice
<input type="checkbox"/>	Normal	<input type="checkbox"/>	Disguised
<input type="checkbox"/>	Distinct	<input type="checkbox"/>	Accent
<input type="checkbox"/>	Slurred	<input type="checkbox"/>	Familiar

If voice was familiar, who did it sound like?

BACKGROUND SOUNDS

<input type="checkbox"/>	Street noises	<input type="checkbox"/>	Animal
<input type="checkbox"/>	Crockery	<input type="checkbox"/>	Clear
<input type="checkbox"/>	Office machinery	<input type="checkbox"/>	Factory machinery
<input type="checkbox"/>	Voices	<input type="checkbox"/>	Static
<input type="checkbox"/>	PA system	<input type="checkbox"/>	Local
<input type="checkbox"/>	House noises	<input type="checkbox"/>	Long Distance
<input type="checkbox"/>	Motor	<input type="checkbox"/>	Booth
<input type="checkbox"/>	Music	<input type="checkbox"/>	Children

THREAT LANGUAGE

<input type="checkbox"/>	Well spoken (educated)	<input type="checkbox"/>	Message read by threat maker
<input type="checkbox"/>	Foul	<input type="checkbox"/>	Incoherent
<input type="checkbox"/>	Irrational	<input type="checkbox"/>	Taped

Remarks:	
Person making report:	
Tel. No.:	Date:

