Bomb Threat Questionnaire

When is the bomb going to explode? __________________________________________________________

Where is the bomb now? ________________________________________________________________

What does it look like? _________________________________________________________________

What will cause it to go off? _____________________________________________________________

Did you place the bomb? ______________________________________________________________

Why? ________________________________________________________________________________

What is your name? _____________________________________________________________________

Exact wording of the threat: ________________________________________________________________________

_____________________________________________________________________________________

If you saw a caller I.D., what name and/or number is shown? ________________________________

Caller Information: Male ☐ Female ☐ Approximate Age _____ Other __________________________

Voice: ☐ Calm  ☐ Angry  ☐ Excited  ☐ Soft  ☐ Loud  ☐ Deep  ☐ Normal  ☐ Slurred

Voice: ☐ Whispered  ☐ Disguised  ☐ Familiar  ☐ Silent  ☐ “Breather”  ☐ Yelling
☐ Other______________________________________________________

Accent Description: ☐ Southern  ☐ Hispanic  ☐ Asian  ☐ Middle Eastern/Indian
☐ Other______________________________________________________

Background Sounds: ☐ None  ☐ Street  ☐ Factory  ☐ Airplane  ☐ Music  ☐ PA System  ☐ Siren
☐ Other (any words or sounds heard?)____________________________________________________

Language: ☐ Well Spoken  ☐ Incoherent  ☐ Taped  ☐ Obscene  ☐ Obscured Voice  ☐ Irrational

Threat taken by: _____________________________ Dept._________________________ Ext.__________

☐ Others Hearing the Caller_______________________________________________________________

Has this person called previously? ☐ Yes  ☐ No  If so, when? ________________________________