

# CCESC BOMB THREAT CHECKLIST

When is the bomb going to explode?						
Where is the bomb right now?						
What does the bomb look like?						
What kind of bomb is it?						
What will cause the bomb to explode?						
Did you place the bomb?						
Why did you place the bomb?						
What is your name?						
What is your address?						
Wording of bomb threat						
Sex of Caller				Age of Caller		
Date of Call				Time of Call		
Phone Number Where Call Was Received				Length Of Call		
Caller's Voice	<input type="checkbox"/> calm	<input type="checkbox"/> angry	<input type="checkbox"/> excited	<input type="checkbox"/> slow	<input type="checkbox"/> deep breathing	
<input type="checkbox"/> distinct	<input type="checkbox"/> ragged	<input type="checkbox"/> familiar	<input type="checkbox"/> nasal	<input type="checkbox"/> stutter	<input type="checkbox"/> lisp	
<input type="checkbox"/> rasp	<input type="checkbox"/> deep	<input type="checkbox"/> slurred	<input type="checkbox"/> disguised	<input type="checkbox"/> soft	<input type="checkbox"/> clearing throat	
<input type="checkbox"/> laughter	<input type="checkbox"/> crying	<input type="checkbox"/> normal	<input type="checkbox"/> rapid	<input type="checkbox"/> accent	<input type="checkbox"/> whispered	
<input type="checkbox"/> cracked	<input type="checkbox"/> other					
If voice is familiar, who do you think it is?						
Background Sounds	<input type="checkbox"/> crockery	<input type="checkbox"/> PA system	<input type="checkbox"/> animal noises	<input type="checkbox"/> voices		
<input type="checkbox"/> music	<input type="checkbox"/> local	<input type="checkbox"/> booth	<input type="checkbox"/> house noise	<input type="checkbox"/> street noise		
<input type="checkbox"/> factory noise	<input type="checkbox"/> static	<input type="checkbox"/> clear	<input type="checkbox"/> cellular	<input type="checkbox"/> long distance		
<input type="checkbox"/> office machines	<input type="checkbox"/> other					
Language	<input type="checkbox"/> educated	<input type="checkbox"/> incoherent	<input type="checkbox"/> message read	<input type="checkbox"/> well-spoken		
<input type="checkbox"/> tape recorded	<input type="checkbox"/> profanity	<input type="checkbox"/> irrational	<input type="checkbox"/> other			
Additional information or remarks						
Call immediately reported to						
Your Name						
Position				Date		