

UNIVERSITY of HOUSTON

POLICE DEPARTMENT

BOMB THREAT CHECKLIST

Bomb Threat Caller Third-Party Caller Day: _____ Date: _____ Time: _____ AM PM

Name of caller _____ Address _____ Male Female

Phone Number of Bomb Threat or Third-Party Caller: _____ Long Distance Local

Time Caller Hung Up: _____ AM PM

Ask Caller (if relevant)

• Where is the bomb located? (Building, Floor, Room, Vehicle, Seat, Trunk, etc.) _____

• When will it go off? (Date, Time) _____

• What does it look like? (Size, Shape, etc.) _____

• What kind of bomb is it? (Letter, Package, E mail) _____

• What will make it explode? (Remote, Touch) _____

• Did you place the bomb? Yes No Why? _____

Exact Words of Threat

Information About Caller

• Where does it seem the bomb threat caller is located? (Background sounds, level of noise) _____

• Is the voice familiar? Yes No If so, who does it sound like? _____

Bomb Threat Caller's Voice:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Accent | <input type="checkbox"/> Loud |
| <input type="checkbox"/> Angry | <input type="checkbox"/> Nasal |
| <input type="checkbox"/> Heavy | <input type="checkbox"/> Normal |
| <input type="checkbox"/> Calm | <input type="checkbox"/> Ragged |
| <input type="checkbox"/> Clearing Throat | <input type="checkbox"/> Rapid |
| <input type="checkbox"/> Coughing | <input type="checkbox"/> Raspy |
| <input type="checkbox"/> Cracking Voice | <input type="checkbox"/> Slow |
| <input type="checkbox"/> Crying | <input type="checkbox"/> Slurred |
| <input type="checkbox"/> Deep | <input type="checkbox"/> Soft |
| <input type="checkbox"/> Disgusted | <input type="checkbox"/> Stutter |
| <input type="checkbox"/> Excited | <input type="checkbox"/> Age _____ |
| <input type="checkbox"/> Laughing | <input type="checkbox"/> Other _____ |

Background Sounds:

- | |
|--|
| <input type="checkbox"/> Animal Noises |
| <input type="checkbox"/> House Noises |
| <input type="checkbox"/> Kitchen Noises |
| <input type="checkbox"/> Booth |
| <input type="checkbox"/> PA System |
| <input type="checkbox"/> Conversation |
| <input type="checkbox"/> Music |
| <input type="checkbox"/> Motor Running |
| <input type="checkbox"/> Static |
| <input type="checkbox"/> Office Machinery |
| <input type="checkbox"/> Factory Machinery |
| <input type="checkbox"/> Other _____ |

Threat Language:

- | |
|--|
| <input type="checkbox"/> Incoherent |
| <input type="checkbox"/> Message Read |
| <input type="checkbox"/> Taped Message |
| <input type="checkbox"/> Irrational |
| <input type="checkbox"/> Profane |
| <input type="checkbox"/> Well-spoken |
| <input type="checkbox"/> Other _____ |

Additional Information (Use the back of the form if necessary)
