

TELEPHONE BOMB THREAT CHECKLIST

1. Be calm and courteous. Listen closely; do not interrupt the caller.
2. Make every effort to keep the caller on the line as long as possible.
3. Ask the caller to repeat the message.
4. Attempt to obtain the location of the bomb and the time of detonation from the caller.
5. Inform caller that the detonation could result in death or serious injury to innocent people located in the building.
6. Listen closely for any type of accent; background noises; determine the sex and age of caller; note the time the call was received; and as for caller's name and location.
7. Immediately notify your supervisor and/or the Military Police by means of another telephone.
8. Talk to no other individual unless instructed to do so by your supervisor or the Military Police.

PLACE THIS FORM UNDER YOUR TELEPHONE QUESTIONS TO ASK		CALLER'S VOICE																									
<ul style="list-style-type: none"> • When is bomb going to explode? • Where is it right now? • What does it look like? • What kind of bomb is it? • What will cause it to explode? • Did you place the bomb? • Why? • What is your address? • What is your name? • Where are you now? 	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Calm</td> <td style="width: 50%;"><input type="checkbox"/> Nasal</td> </tr> <tr> <td><input type="checkbox"/> Angry (Irrational)</td> <td><input type="checkbox"/> Stutter</td> </tr> <tr> <td><input type="checkbox"/> Excited (Incoherent)</td> <td><input type="checkbox"/> Lisp</td> </tr> <tr> <td><input type="checkbox"/> Rapid</td> <td><input type="checkbox"/> Raspy</td> </tr> <tr> <td><input type="checkbox"/> Slow</td> <td><input type="checkbox"/> Deep</td> </tr> <tr> <td><input type="checkbox"/> Soft</td> <td><input type="checkbox"/> Ragged</td> </tr> <tr> <td><input type="checkbox"/> Loud</td> <td><input type="checkbox"/> Clearing Throat</td> </tr> <tr> <td><input type="checkbox"/> Laughter</td> <td><input type="checkbox"/> Deep Breathing</td> </tr> <tr> <td><input type="checkbox"/> Crying (Emotional)</td> <td><input type="checkbox"/> Cracking Voice</td> </tr> <tr> <td><input type="checkbox"/> Normal (Deliberate)</td> <td><input type="checkbox"/> Disguised</td> </tr> <tr> <td><input type="checkbox"/> Distinct</td> <td><input type="checkbox"/> Accent</td> </tr> <tr> <td><input type="checkbox"/> Slurred</td> <td><input type="checkbox"/> Familiar</td> </tr> <tr> <td><input type="checkbox"/> Whispered</td> <td><input type="checkbox"/> Intoxicated</td> </tr> </table>	<input type="checkbox"/> Calm	<input type="checkbox"/> Nasal	<input type="checkbox"/> Angry (Irrational)	<input type="checkbox"/> Stutter	<input type="checkbox"/> Excited (Incoherent)	<input type="checkbox"/> Lisp	<input type="checkbox"/> Rapid	<input type="checkbox"/> Raspy	<input type="checkbox"/> Slow	<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 (Emotional)	<input type="checkbox"/> Cracking Voice	<input type="checkbox"/> Normal (Deliberate)	<input type="checkbox"/> Disguised	<input type="checkbox"/> Distinct	<input type="checkbox"/> Accent	<input type="checkbox"/> Slurred	<input type="checkbox"/> Familiar	<input type="checkbox"/> Whispered	<input type="checkbox"/> Intoxicated
<input type="checkbox"/> Calm	<input type="checkbox"/> Nasal																										
<input type="checkbox"/> Angry (Irrational)	<input type="checkbox"/> Stutter																										
<input type="checkbox"/> Excited (Incoherent)	<input type="checkbox"/> Lisp																										
<input type="checkbox"/> Rapid	<input type="checkbox"/> Raspy																										
<input type="checkbox"/> Slow	<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 (Emotional)	<input type="checkbox"/> Cracking Voice																										
<input type="checkbox"/> Normal (Deliberate)	<input type="checkbox"/> Disguised																										
<input type="checkbox"/> Distinct	<input type="checkbox"/> Accent																										
<input type="checkbox"/> Slurred	<input type="checkbox"/> Familiar																										
<input type="checkbox"/> Whispered	<input type="checkbox"/> Intoxicated																										
Exact Wording of the Threat (Use back of form if more space is needed) 		If voice is familiar, whom did it sound like? 																									
CALL INFORMATION		BACKGROUND SOUNDS																									
Sex of Caller	Race:	<input type="checkbox"/> Street Noises	<input type="checkbox"/> Factory Machinery																								
Age:	Length of Call	<input type="checkbox"/> Crockery	<input type="checkbox"/> Animal Noises																								
Number at which call is received		<input type="checkbox"/> Voices	<input type="checkbox"/> Clear																								
		<input type="checkbox"/> PA System	<input type="checkbox"/> Static																								
Date/Time Call was Received		<input type="checkbox"/> Music	<input type="checkbox"/> House Noises																								
		<input type="checkbox"/> Motor	<input type="checkbox"/> Office Machinery																								
Received By		ORIGIN OF CALL																									
		<input type="checkbox"/> Local <input type="checkbox"/> Long Distance <input type="checkbox"/> Booth Other																									
Position		THREAT LANGUAGE																									
Duty Phone	Home Phone	<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																									
Notification Made to																											