SCHEDULE 1

BOMB THREAT CHECKLIST

EXACT WORDING OF THREAT:

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NOTE: IF A TELEPHONE THREAT, DO NOT HANG UP.

QUESTIONS TO ASK:

1. Where did you put the Bomb?

2. When did you put it there?

3. What does the Bomb look like?

4. What kind of Bomb is it?

5. What will make the Bomb explode?

6. Did you place the Bomb?

7. Why did you place the Bomb?

8. What is your name?

9. Where are you?

10. What is your address?

ACTION:

Report call immediately to: POLICE: 000

CHIEF WARDEN: .................................................................................................................................

IDENTIFYING/LOCATING THE CALLER (Tick appropriate boxes)

CALLER'S VOICE:

☑ MALE ☐ FEMALE ☐ OLD ☐ YOUNG

Estimated Age ————

Accent (specify) ————

☐ SLOW ☑ RAPID ☐ SOFT ☑ LOUD

☐ LAUGHING ☑ EMOTIONAL ☑ WELL SPOKEN ☑ FOUL

☐ SLURRED ☑ NASAL ☑ STUTTERING ☑ LISPING

☐ RASPY ☑ ABUSIVE ☑ INCOHERENT ☑ CLEAR

☐ DEEP BREATHING ☑ CRACKING VOICE ☑ DISGUISED ☑ IRRATIONAL

☐ FAMILIAR ☑ INCONSISTENT ☑ RECORDED ☑ MESSAGE READ BY CALLER

BACKGROUND NOISES: (What could you hear in the background?)

☐ STREET NOISES ☑ HOUSE NOISES ☑ CLEAR ☑ LOCAL CALL

☐ CROCKERY ☑ MOTOR / ENGINE ☑ MUZZLED ☑ STD

☐ VOICES ☑ AIRCRAFT ☑ STATIC ☑ ISD

☐ PA SYSTEM ☑ OFFICE MACHINERY ☑ FADING ☑ MOBILE

☐ MUSIC ☑ FACTORY MACHINERY ☑ LOCAL ————

☐ ANIMAL NOISES ☑ LONG DISTANCE

CALL TAKEN: Date & Time: ———— Duration of call: ———— Call received on: ————

(Identify line / extension)

RECIPIENT: Name (print): ———— Phone: ———— Signature: ————