

## APPENDIX I: UTPD Bomb Threat Check List

<b>Time call received</b>				
<b>Exact words of caller</b>				
<b>Questions to Ask Caller</b>				
1. When is the bomb going to explode?				
2. Where is the bomb?				
3. What kind of bomb is it?				
4. What does it look like?				
5. What will cause it to explode?				
6. Did you place the bomb?				
7. Why?				
8. Where are you calling from?				
9. What is your address?				
10. What is your name?				
<b>Caller's Voice (check all that apply)</b>				
<input type="checkbox"/> male	<input type="checkbox"/> female	<input type="checkbox"/> young	<input type="checkbox"/> middle-aged	<input type="checkbox"/> middle-aged
<input type="checkbox"/> calm	<input type="checkbox"/> disguised	<input type="checkbox"/> nasal	<input type="checkbox"/> angry	<input type="checkbox"/> broken
<input type="checkbox"/> stutter	<input type="checkbox"/> slow	<input type="checkbox"/> sincere	<input type="checkbox"/> lisp	<input type="checkbox"/> rapid
<input type="checkbox"/> giggling	<input type="checkbox"/> deep	<input type="checkbox"/> crying	<input type="checkbox"/> squeaky	<input type="checkbox"/> excited
<input type="checkbox"/> stressed	<input type="checkbox"/> accent	<input type="checkbox"/> loud	<input type="checkbox"/> slurred	<input type="checkbox"/> normal
If the voice is familiar, whom did it sound like?				
Were there any background noises?				
Person receiving call:				
Telephone number call received at:				
Date:				
Remarks:				