

GARRETT COUNTY BOARD OF EDUCATION  
Oakland, Maryland 21550

BOMB THREAT CHECKLIST

Stay CALM! Listen - Do NOT Interrupt Caller

CALLER'S VOICE

EXACT WORDING OF THE THREAT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- |                                   |  |
|-----------------------------------|--|
| <input type="checkbox"/> Calm     | <input type="checkbox"/> Nasal           |
| <input type="checkbox"/> Angry    | <input type="checkbox"/> Stutter         |
| <input type="checkbox"/> Excited  | <input type="checkbox"/> Lisp            |
| <input type="checkbox"/> Slow     | <input type="checkbox"/> Raspy           |
| <input type="checkbox"/> Rapid    | <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   | <input type="checkbox"/> Cracking voice  |
| <input type="checkbox"/> Normal   | <input type="checkbox"/> Disguised       |
| <input type="checkbox"/> Distinct | <input type="checkbox"/> Accent          |
| <input type="checkbox"/> Slurred  | <input type="checkbox"/> Familiar        |

If voice is familiar, who did it sound like? \_\_\_\_\_

QUESTIONS TO ASK:

1. When is bomb going to explode?
2. Where is it right now?
3. What does it look like?
4. What kind of bomb is it?
5. What will cause it to explode?
6. Did you place the bomb?
7. Why?
8. What is your address?
9. What is your name?

BACKGROUND SOUNDS

- |   |  |
|---|--|
| <input type="checkbox"/> Street noises    | <input type="checkbox"/> Factory machinery |
| <input type="checkbox"/> Crockery         | <input type="checkbox"/> Animal noises     |
| <input type="checkbox"/> Voices           | <input type="checkbox"/> Clear             |
| <input type="checkbox"/> PA Systems       | <input type="checkbox"/> Static            |
| <input type="checkbox"/> Music            | <input type="checkbox"/> Local             |
| <input type="checkbox"/> House noises     | <input type="checkbox"/> Long Distance     |
| <input type="checkbox"/> Motor            | <input type="checkbox"/> Other _____       |
| <input type="checkbox"/> Office machinery | _____                                      |

THREAT LANGUAGE

- |   |   |
|---|---|
| <input type="checkbox"/> Well spoken (educated) | <input type="checkbox"/> Incoherent                   |
| <input type="checkbox"/> Foul                   | <input type="checkbox"/> Taped                        |
| <input type="checkbox"/> Irrational             | <input type="checkbox"/> Message read by threat maker |

Sex of caller: \_\_\_\_\_ Age: \_\_\_\_\_

Remarks: \_\_\_\_\_

Accent:

Local  Foreign  Region  
 Other (Explain) \_\_\_\_\_

Report call immediately to:

Principal and Emergency Dial 911 \_\_\_\_\_

Length of call: \_\_\_\_\_

Date \_\_\_/\_\_\_/\_\_\_

Number at which call is received: \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Time: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Phone \_\_\_\_\_