



**University of South Dakota  
University Police Department  
BOMB THREAT CHECKLIST**



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

**EXACT WORDING OF BOMB THREAT:**

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

Sex of caller:

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

Telephone number at which call is received:

Time call received:  
\_\_\_\_\_

Date call received:  
\_\_\_\_\_

**CALLER'S VOICE:**

- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Calm     | <input type="checkbox"/> Nasal    |
| <input type="checkbox"/> Soft     | <input type="checkbox"/> Angry    |
| <input type="checkbox"/> Stutter  | <input type="checkbox"/> Loud     |
| <input type="checkbox"/> Excited  | <input type="checkbox"/> Lisp     |
| <input type="checkbox"/> Laughter | <input type="checkbox"/> Slow     |
| <input type="checkbox"/> Rasp     | <input type="checkbox"/> Crying   |
| <input type="checkbox"/> Rapid    | <input type="checkbox"/> Deep     |
| <input type="checkbox"/> Normal   | <input type="checkbox"/> Distinct |

- |   |  |
|---|--|
| <input type="checkbox"/> Slurred  | <input type="checkbox"/> Whispered       |
| <input type="checkbox"/> Ragged   | <input type="checkbox"/> Clearing Throat |
| <input type="checkbox"/> Deep Breathing   | <input type="checkbox"/> Cracking Voice  |
| <input type="checkbox"/> Disguised  | <input type="checkbox"/> Accent          |
| <input type="checkbox"/> Familiar <i>(If voice is familiar, who did it sound like?)</i> |  |

**BACKGROUND SOUNDS:**

- |  |  |
|--|--|
| <input type="checkbox"/> Street Noises                       | <input type="checkbox"/> Factory Machinery |
| <input type="checkbox"/> Animal Noises                       | <input type="checkbox"/> Office machinery  |
| <input type="checkbox"/> Voices                              | <input type="checkbox"/> None              |
| <input type="checkbox"/> Music                               | <input type="checkbox"/> Static            |
| <input type="checkbox"/> Motor                               | <input type="checkbox"/> House noises      |
| <input type="checkbox"/> Other <i>(Please specify)</i> _____ |  |

**BOMB THREAT LANGUAGE:**

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

**REMARKS:**

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

Your name:

\_\_\_\_\_

Your position:

\_\_\_\_\_

Your telephone number:

\_\_\_\_\_

Date checklist completed:

\_\_\_\_\_