

OVERLOOK III BOMB TREAT CHECKLIST

DO NOT HANG UP the telephone on which the call was received (Tracing capabilities may be lost)

Time & Date of Reported: _____ How Reported: _____

Exact Words of Caller: _____

Questions to ask:

- When is the bomb going to explode? _____
- Here is the bomb right now? _____
- What does it look like? _____
- What kind of bomb is it? _____
- What will cause it to explode? _____
- Why did you place the bomb? _____
- When did you place the bomb? _____
- Where are you calling from? _____
- What is your name? _____
- Where do you live? _____

Description of Caller's Voice:

Male or Female Young – Middle Aged – Old – Accent: _____

Tone of Voice: _____

Is the voice familiar? _____

If so, who did it sounds like? _____

Other voice characteristics: _____

Background noise: _____

Time caller hung up: _____

Remarks: _____

Name, Address, and telephone number of recipient:

Telephone number that call was received: _____

OVERLOOK III – BOMB TREAT NOTIFICATION

