Department of the Treasury
Bureau of Alcohol, Tobacco & Firearms

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 address?
9. What is your name?

EXACT WORDING OF BOMB THREAT:

BACKGROUND SOUNDS:
☐ Street noises   ☐ Factory machinery
☐ Voices   ☐ Crockery
☐ Animal noises   ☐ Clear
☐ PA System   ☐ Static
☐ Music   ☐ House noises
☐ Long distance   ☐ Local
☐ Motor   ☐ Office machinery
☐ Booth   ☐ Other (Please specify)

BOMB THREAT LANGUAGE:
☐ Well spoken (education)   ☐ Incoherent
☐ Foul   ☐ Message read by threat maker
☐ Taped   ☐ Irrational

REMARKS:

Sex of caller: _____   Race: _____
Age: _____   Length of call: _____
Telephone number at which call is received: ________
Time call received: _____
Date call received: ________

CALLER’S VOICE
☐ Calm   ☐ Nasal
☐ Soft   ☐ Angry
☐ Stutter   ☐ Loud
☐ Excited   ☐ Lisp
☐ Laughter   ☐ Slow
☐ Rasp   ☐ Crying
☐ Rapid   ☐ Deep
☐ Normal   ☐ Distinct

Your name:

Your position:

Your telephone number:

Date checklist completed: ________

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