

UNIVERSITY OF COLORADO HOSPITAL  
**BOMB THREAT INFORMATION FORM**

|  |                |                      |                      |
|--|----------------|----------------------|----------------------|
| Date:  | Time Received: | Time Ended:          |                      |
| <b><u>Exact Words of Caller</u></b> (use reverse side if necessary): |                |                      |                      |
|  |                |                      |                      |
| <b><u>Specific Questions to Ask:</u></b>                             |                |                      |                      |
| <b>When</b> is the bomb going to explode?                            |                |                      |                      |
| <b>Where</b> is the bomb located right now?                          |                |                      |                      |
| <b>What</b> does the bomb look like?                                 |                |                      |                      |
| <b>What</b> kind of bomb is it?                                      |                |                      |                      |
| <b>Why</b> did you place the bomb?                                   |                |                      |                      |
| <b>What</b> is your name?  |                |                      |                      |
| <b>Where</b> are you calling from?                                   |                |                      |                      |
| <b><u>Description of Caller's Voice:</u></b>                         |                |                      |                      |
| Male:  | Female:        | Unable to Determine: |                      |
| Young:   | Old:           | Middle Aged:         | Unable to Determine: |
| Accent:  |                | Tone of Voice:       |                      |
| Is the Voice Familiar? and if so, from where?                        |                |                      |                      |
| Background Noise?  |                |                      |                      |
| <b><u>Additional Comments and Observations:</u></b>                  |                |                      |                      |
|  |                |                      |                      |
| Name of Person Receiving the Call:                                   |                |                      |                      |
| Department:  |                | Dept. Phone Number:  |                      |

**Call UCH Security Services (at 9-1-1) immediately after the completion of call**

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