



# BUNKER HILL COMMUNITY COLLEGE POLICE DEPARTMENT

250 New Rutherford Ave., E-127  
Charlestown MA. 02129-2925  
Phone 617-228-2053



## VOLUNTARY STATEMENT FORM

Please fill out the form below. Use additional pages for your statement if needed. Provide your name on each page. Once completed PRINT OUT all pages of the statement form, staple together and submit to BHCC Public Safety Office Room E-127, Charlestown Campus or Room 107, Chelsea Campus.

I, \_\_\_\_\_, volunteer the following information of my own freewill, for whatever purposes it may serve, to Officer \_\_\_\_\_ of the Bunker Hill Community College Police Department. I am \_\_\_\_\_ years old and was born on \_\_\_\_\_. I reside at: \_\_\_\_\_

\_\_\_\_\_

My phone number is: \_\_\_\_\_

### VOLUNTARY STATEMENT

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

I have just read each page of this statement, consisting of \_\_\_\_ page(s), each page of which bears my signature, and corrections, if any, bear my initials, and I certify that the facts contained herein are true and correct to my knowledge.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Person Giving Statement: \_\_\_\_\_

### OFFICE USE ONLY

Incident # \_\_\_\_\_

Intake Officer: \_\_\_\_\_

