



ST. LOUIS COUNTY SHERIFF'S OFFICE NEWS RELEASE

INCIDENT DATE: _____ INCIDENT TIME: _____

INCIDENT LOCATION: _____

INDIVIDUAL(S) INVOLVED: (Refer to News Media Policy-Rules III A.1 Thru 4: Procedures B.1, A thru J & 1; 2b; 3b; g & h; 4a, b, & c)

Name: _____ Age: _____ Address: _____

Name: _____ Age: _____ Address: _____

INCIDENT SUMMARY:

ASSISTING AGENCIES:

AUTHORITY: _____ DATE: _____ TIME: _____

ADDITIONAL INFORMATION OR UPDATE:

AUTHORITY: _____ DATE: _____ TIME: _____