

FL0131300
 ADM Date of Supplement

OFFENSE-INCIDENT REPORT
 SURFSIDE POLICE DEPARTMENT

Juvenile In Report N Juvenile Waiver/Dismissal 1. Original 2. Supplement 1
 Agency Report Number 191247 Primary Offense Description MISSING PERSON

Suspect Race N-NRA L-American Indian W-White O-Oriental/Asian B-Black U-Unknown		Suspect Sex M-Male F-Female U-Unknown		Hair Length L-Long M-Medium S-Short		Hair Style A-Afro P-Partial W-Wavy B-Braided S-Straight X-Bald C-Curly			Complexion ACN-Acan LT-Light DK-Dark MED-Medium		Build HEV-Heavy MUS-Muscular MED-Medium THN-Thin		Facial Hair B-Beard/Glasses G-Glasses C-Beard & Mustache M-Mustache E-Ear Ring(s)							
OFFENSE Indicator 1 - PI 2 - JO 3 - RPT <input checked="" type="checkbox"/> 1		Suspect Code S-Suspect E-Escaper R-Ren. Missing A-Arrested M-Missing Z-Other <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> 1		Code <input checked="" type="checkbox"/> M		Resp. # <input checked="" type="checkbox"/> 1		Juvenile <input checked="" type="checkbox"/> N		Name (Last, First, Middle) PAIS SOL										
Race Name				Nicknames/Street Name				Place of Birth MIAMI, FL				P-Home Phone								
Last Known Address (Street, Apt. Number) 500 90 STREET						City SURFSIDE		State FL		Zip 33154		Business Phone								
Occupation STUDENT				Employer/School				Address				Social Security Number								
Driver's License State/Number FL				Investigation and Nationalization Number				Other ID, Number		OBTS Number		SOC/NOIC								
Clothing (Describe) UK						Scars/Marks/Tattoos (Location/Describe) NONE														
Race <input checked="" type="checkbox"/> W		Sex <input checked="" type="checkbox"/> F		Date of Birth or Age 02/01/2001 18 <input checked="" type="checkbox"/> R		Height 508		Weight 115		Eye Color <input checked="" type="checkbox"/> BLU		Hair Color <input checked="" type="checkbox"/> BRO		Hair Length <input checked="" type="checkbox"/> L		Hair Style <input checked="" type="checkbox"/> S				
Complexion <input checked="" type="checkbox"/> LT		Build <input checked="" type="checkbox"/> THN		Facial Hair		Teeth NOR		Speech/Voice NOR		Special Identifiers										
Incident Type 1. Runaway 4. Disabled 7. Voluntary Adult 2. Parental 5. Endangered 8. Unknown 3. Involuntary 6. Disaster Victim <input checked="" type="checkbox"/> 8			Escalator Suspected? <input checked="" type="checkbox"/> 2			Missing Before? <input checked="" type="checkbox"/> 2			Fingerprints Available? <input checked="" type="checkbox"/> 2			Photo Available? <input checked="" type="checkbox"/> 1			Dental Record Available? <input checked="" type="checkbox"/> 8			MORC Form Provided? <input type="checkbox"/>		
Date Last Seen 04/14/2019				Time Last Seen 22:00				Location Last Seen (Address, City, St.) 500 90 STREET				Accompanied By								
Mental/Physical Condition NO				Medication Required/Type NO				Doctor/Dentist (Name, Phone Number) UK												
Property Carried PURSE				ID, Type/Number				ID, Type/Number												
Probable Destination DENVER, COLORADO				Name/Address UK				Transportation Mode AIR TRAVEL												
Recovery Information 0. N/A 1. Voluntary 2. Located Not Returned 3. Hospitalized 4. HRD Custody 5. Law Enforcement Custody 6. Returned to Parent 7. Deceased 8. Other <input type="checkbox"/>																				

Narrative

I RESPONDED TO THE ABOVE LOCATION IN REFERENCE TO A MISSING PERSON. UPON MY ARRIVAL I SPOKE WITH THE MISSING PERSONS MOTHER, SYLVIA PAIS, WHO STATED THAT SHE LAST SAW HER DAUGHTER, SOL PAIS, AT APPROXIMATELY 2200 AT THE ABOVE LOCATION ON 04/14/19 DURING DINNER. ON THE MORNING OF 04/15/19 AT APPROXIMATELY 0615 SHE LEFT FOR SCHOOL VIA MIAMI DADE COUNTY SCHOOL BUS. SYLVIA STATED THAT SOL SOMETIMES TAKES AN UBER IF SHE MISSES HER BUS. IT IS UNKNOWN IF THIS IS THE CASE ON THIS DATE. AT 0632 SOL TEXTED HER MOTHER ADVISING HER SHE WAS GOING TO ATTEND AN ART HISTORY REVIEW AFTER SCHOOL. SOL DID NOT PROVIDE THE LOCATION OF THE ART REVIEW TO HER MOTHER. AFTER THIS COMMUNICATION, SOL DID NOT ANSWER ANY FURTHER TEXTS OR PHONE CALLS FROM HER MOTHER OR FATHER AND SOON AFTER THE PHONE CALLS WOULD GO STRAIGHT TO VOICE MAIL. SYLVIA STATED THAT SOL HAS NEVER DONE THIS BEFORE AND HAS NEVER DONE ANY DRUGS. SHE FURTHER STATED THAT SYLVIA HAS NO FRIENDS AND USUALLY STAYS AT HOME.

WHILE ON SCENE SOL'S FATHER, EDGARDO PAIS,

SPD DISPATCH CALLED SOL'S CELL NUMBER BUT WENT TO VOICE MAIL.

A BOLO WAS ISSUED OVER MUNICIPAL.

Signature of Officer Reporting		Name of Officer Reporting KNIGHT		LD. Number/Locator Code 0108/14		Unit 43		Date 04/15/2019					
Signature of Officer Reviewing		Officer Reviewing (If Applicable) SGT. A. LORENTE		LD. Number 0122				Date 04/16/2019					
Case Status CA - Cleared by Arrest CE - Cleared Exceptionally		CF - Filed with State Atty CU - Cleared Unfounded		I - Inactive A - Active P - Pending <input checked="" type="checkbox"/> A		Clearance Type 1. Arrest 2. Unfounded 3. Exceptional <input type="checkbox"/>		A-Adult J-Juvenile <input type="checkbox"/>		Date Cleared		Arrest Number	
Exception Type 1. Extradition Desired		2. Arrest on Primary Offense Secondary Offense Without Prosecution		3. Death of Offender 4. V/W Refused to Cooperate		5. Prosecution Declined 6. Juvenile/In Custody <input type="checkbox"/>		Related Report Number(s)		Number Arrested			