NSW POLICE
OPERATIONAL INFORMATION AGENCY
Field Support 2

[redacted]

Telephone: (02) [redacted]
Facsimile: (02) [redacted]

26 October 2011

RE: Iask – 3846988

TO: NEW SOUTH WALES POLICE
FROM: INTERPOL CANBERRA

DATE: 26 OCTOBER 2011
PRIORITY: ROUTINE

YOUR REF: iASK_3846988
OUR REF: PROMIS 4621899 (S2)

SUBJECT: BAUNMANN, Peter Karl (DOB: 20.04.1957)

TEXT: Please be advised that Interpol Canberra has received the following response from Interpol Wiesbaden in regards to the above mentioned subject.

QUOTE

As requested please find enclosed the DVI-Forms.

the last dental examination took place during the military inspection on 09.02.1976. All teeth were at that time without any findings. Furthermore documents are not available.

END QUOTE

Please advise if further assistance is required in relation to this matter.

Kind regards,

Andy Smith
INTERPOL CANBERRA

Please do not hesitate to contact me if you have any questions or require any further assistance.

Regards
Greg Wellington
Senior Constable
Law Enforcement Agencies Liaison Officer

Ante**M**ortem *(yellow)* **VICTIM IDENTIFICATION FORM** **A0**

MISSING PERSON No: AM2008-000507179

Barcode

Family name	: Baumann		
Forename(s)	: Peter Karl Josef		
Date of birth	: 2 0 Day 0 4 Month 1 9 5 7 Year	Male: X	Female:

Nature of disaster : Vermisstenfall

Place of disaster : Australien

Date of disaster : 0 1 Day 0 9 Month 1 9 8 3 Year

Police force handling identification:	*NCB (country)*
PP München, Kommissariat 14 Bayerstr. 35 - 37 80335 münchen bayern, Germany	*Police file No:*

Reasons for assuming that person concerned is victim of disaster:

Police officers evaluation	*Is above person a victim?*	[ ] *Possibly*	[X] *Probably*	[ ] *Undoubtedly*
DNA	[X] *Reference samples collected*		[X] *Profiles ordered*	

	CHECK LIST OF CONTENTS	*Enclosed complete*	*Enclosed in part*	*Issued to Name*	*Date*	*Returned Date*	*Remarks*
A1	Info. relating to M.P.	X					
A2	Info.rela.to M.P.cont.	X					
C1	Clothing and Foot wear		X				
C2	Personal effects		X				
C3	Jewellery		X				
D1	Physical description	X					
D2	Physical desc. cont.	X					
D3	Physical desc. cont.	X					
D4	Body sketch		X				
D5	Fingerprint information						
E1	Medical information		X				
E2	Medical inform. cont.		X				
E4	DNA						
F1	Dental information	X					
F2	Dental inform.cont.		X				
G	Further information		X				

[(GB) Version 2008]

AnteMortem (yellow) **VICTIM IDENTIFICATION FORM** **A1**

MISSING PERSON No: AM2008-0000507179

Barcode

Family name	: Baumann		
Forename(s)	: Peter Karl Josef		
Date of birth	: 20 Day 04 Month 1957 Year	Male: X	Female:

a = Data not available b = Photo c = Further information on page G

	INFORMATION RELATED to MISSING PERSON		a	b	c
00	**Information given by..** or: Name, Address, Phone/E-mail, Relationship	Date: 23/09/1993 1 ☐ See item 12 Baumann-Serr, Anna-Christa, *[redacted] [redacted]			
01	**Family name**	Baumann — Aliases ?			
02	**Family name at birth**	Mother's maiden name ?			
03	**Forename(s)**	Peter Karl Josef — Aliases ?			
04	**Nationality**	Germany — Birthplace — Dual/Multiple nationality			
05	**National ID number** Country code		X		
06	**Name in Chinese Commercial Code**		X		
07	**Date of birth**	20 Day 04 Month 1957 Year 26 Age at disappearance			
08	**Marital status**	Single 1 ☐ Engaged(date) 2 ☐ Cohabiting 3 ☐ Married(date) 4 X 01/01/1982 Separated 5 ☐ Divorced 6 ☐ Widowed 7 ☐ Forename of partner: Cherie Kimm FOSTER			
09	**Occupation**	musician			
10	**Full address** Street/No. Postcode/Town Country	[redacted] Cross Street Waverly, P.C. 2024 Australia			
11	**Religion**	1 ☐ No 2 ☐ Yes(name of religion):	X		
12	**Next-of-kin** Name, Address, Phone/E-mail, Relationship	BAUMANN, Franz, David, *[redacted] [redacted]			
12 A	**Blood relation (DNA)**	Close relatives known or reference sample for DNA-comparison 1 ☐ No 2 X Yes - see page G			

Collected by		Signature / Date
	Duty Title :	
	Name :	
	Address :	
	Phone/E-mail :	

[(GB) Version 2008]

A nte M ortem (yellow) **VICTIM IDENTIFICATION FORM** **A2**

MISSING PERSON No: AM2008-0000507179

Barcode

Family name : Baumann

Forename(s) : Peter Karl Josef

Date of birth : 20 Day 04 Month 1957 Year

Male [X] Female [ ]

a = Data not available b = Photo c = Further information on page G

INFORMATION RELATED to MISSING PERSON (cont.)			a	b	c
15	**General practitioner** Name Address Phone/E-mail		X		
16	**General dentist** Name Address Phone/E-mail		X		
17	**Distinguishing features**	burning right hand side, right thumb slightly shorter			
18	**Photographs**	1 [X] *Enclosed* 2 [ ] *Obtainable from:* _____ 3 [ ] *Photo suitable for dental overlay* *Record date:* _____			
19	**Documents**				
	01 Official records	1 [ ] *Enclosed* 2 [ ] *Obtainable from:* _____	X		
	02 Police records	1 [ ] *Enclosed* 2 [ ] *Obtainable from:* _____	X		
	03 Practitioners records	1 [ ] *Enclosed* 2 [ ] *Obtainable from:* _____	X		
	04 Hospital records	1 [ ] *Enclosed* 2 [ ] *Obtainable from:* _____	X		
	05 Hospital X-rays	1 [ ] *Enclosed* 2 [ ] *Obtainable from:* _____	X		
	06 Dental records	1 [ ] *Enclosed* 2 [ ] *Obtainable from:* _____	X		
	07 Dental X-rays	1 [ ] *Enclosed* 2 [ ] *Obtainable from:* _____	X		
	08 Dental plate ID-numbers	*(specify):* _____	X		
	09 Other records	*(specify):* _____	X		

Continued item no 24 (Item 20-23 in form PM only)

Collected by Duty Title :
Name :
Address :
Phone/E-mail :

Signature / Date

[(GB) Version 2006]

Ante**M**ortem *(yellow)* **VICTIM IDENTIFICATION FORM** **C1**

MISSING PERSON **No:** AM2008-0000507179

Barcode

Family name : Baumann

Forename(s) : Peter Karl Josef

Date of birth : 2 0 *Day* 0 4 *Month* 1 9 5 7 *Year*

Male X *Female* ☐

a = Data not available b = Photo c = Further information on page G

CLOTHING AND FOOT WEAR (carried on person or in luggage)

24 Clothing Items

01 Head and neck
0101 Hat
0102 Scarf
0103 Tie
0199 Other

02 Upper part of the body and arms
0201 Overcoat
0202 Coat
0203 Pullover
0204 Shirt
0205 Waistcoat
0206 Vest
0207 Dress
0208 Cardigan
0209 Blouse
0210 Petticoat
0211 Chemise
0212 Brassiere
0213 Braces
0214 Gloves
0215 Jacket
0299 Other

03 Lower part of the body and legs
0301 Trousers (men)
0302 Underpants
0303 Trousers (women)
0304 Skirt
0305 Panties
0306 Girdle
0307 Corset
0308 Stockings
0309 Tights
0310 Socks
0311 Belt
0312 Belt buckle
0313 Shorts
0314 Swimming attire
0399 Other

04 The whole of the body
0401 Flying suit
0402 Boiler suit
0403 Trouser suit
0499 Other

In case of using "xx99 Other" describe the kind of item in column "3 Type".

No:	1 *Material*	2 *Colour*	3 *Type*	4 *Label*	5 *Size*	a	b	c

25 Foot wear

01 Shoes
1A Open footwear
03 Boots
99 Other

Describe the kind of Foot wear in column "3 Type", eg Sport shoes Sandals

No:	1 *Material*	2 *Colour*	3 *Type*	4 *Label*	5 *Size*	a	b	c

Collected by Duty Title :
Name :
Address :
Phone/E-mail :

Signature / Date

[(GB) Version 2008]

Ante**M**ortem *(yellow)* **VICTIM IDENTIFICATION FORM** **C2**

MISSING PERSON No: AM2008-0000507179

Barcode

Family name : Baumann

Forename(s) : Peter Karl Josef

Date of birth : 20 Day 04 Month 1957 Year

Male [X] Female [ ]

a = Data not available b = Photo c = Further information on page G

PERSONAL EFFECTS

			a	b	c
26	**Watch** 00 Always wearing 01 Digital 02 Analog 03 Digital/Analog	1 [ ] No 2 [ ] Yes No: | 1 Material | 2 Colour | 3 Design | 4 Brand | 5 Inscription	X		
	04 If wrist watch worn on	Left 1 [ ] Right 2 [ ] Outside 3 [ ] Inside 4 [ ]	X		
	05 Watch strap/chain	Leather 1 [ ] Metal 2 [ ] Other (specify): 3 [ ]	X		
	06 Watch, other type	Where worn:	X		
27	**Glasses** 00 Always wearing 01 Frame	1 [X] No 2 [ ] Yes 1 Material | 2 Colour | 3 Design | 4 Brand | 5 Inscription	X		
	02 Lenses (glass)	Tinted 1 [ ] No 2 [ ] Yes (specify): Voimakkuus-Vasen/Oikea 3 [ ] L 4 [ ] R			
	03 Lenses/Shape	Round 1 [ ] Oval 2 [ ] Square / Half 3 [ ] 4 [ ] Rimless 5 [ ]			
	3A Lens type	Glass 1 [ ] Polycarbonate 2 [ ] Bi-focal 3 [ ]			
	04 Contact lenses 05 Optometrist	1 [ ] No 2 [ ] Yes (colour?): Strength - Left/Right 3 [ ] L 4 [ ] R Details page G:			
28	**Identity Papers** 00 Always carrying 01 Passport 02 Driving licence 03 Credit cards 04 Identity card 05 Donor card 06 Travellers cheques 07 Personal cheques 08 Health card 99 Other	1 [X] No 2 [ ] Yes No: | 1 Type | 2 Photograph | 3 Fingerprint | 4 Blood type	X		
29	**Effects** 00 Always carrying 01 Wallet 02 Purse 03 Money belt 04 Badges/keys 05 Currency 06 Mobile phone 07 PDA 08 Sim card 09 Ticket 10 Camera/Video 99 Other	1 [X] No 2 [ ] Yes No: | 1 Material | 2 Colour | 3 Design | 4 Brand | 5 Markings	X		

Collected by Duty Title :
Name :
Address :
Phone/E-mail :

Signature / Date

[(GB) Version 2008]

Ante**M**ortem *(yellow)*

VICTIM IDENTIFICATION FORM

C3

MISSING PERSON

No: AM2008-0000507179

Barcode

Family name : Baumann

Forename(s) : Peter Karl Josef

Date of birth : 20 *Day* 04 *Month* 1957 *Year*

Male X *Female* ☐

a = Data not available b = Photo c = Further information on page G

JEWELLERY

30 Rings, chains etc.

01 Wedding ring
02 Other finger rings
03 Earrings
04 Earclips
05 Neck chains
06 Necklace
07 Bracelets
08 Other chains
09 Pendant on chain
10 Piercing trinkets
11 Nose ring
12 Anklet
99 Other

In case of using "99 Other" describe the kind of item in column "3 Design".

No:	1 *Material*	2 *Colour*	3 *Design*	4 *Inscription*	5 *Where worn*	a	b	c

Collected by

Duty Title :
Name :
Address :
Phone/E-mail :

Signature / Date

[(GB) Version 2008]

Ante**M**ortem *(yellow)* **VICTIM IDENTIFICATION FORM** **D1**

MISSING PERSON No: AM2008-0000507179

Barcode

Family name : Baumann

Forename(s) : Peter Karl Josef

Date of birth : 20 Day 04 Month 1957 Year

Male: X Female:

a = Data not available b = Photo c = Further information on page G

PHYSICAL DESCRIPTION			a	b	c
31					
31 A					
32	Height	Min/cm 183 / Max/cm 183 Source ?			
33	Weight	Min/kg 0 / Max/kg 0 Source ?	X		
34	Build 01 Bodily constitution	Light 1 [X] Medium 2 [X] Heavy 3 [ ]			
	02 Head form, front	Oval 1 [X] Pointheaded 2 [ ] Pyramidal 3 [ ] Circular 4 [ ] Rectangular 5 [ ] Quadrangular 6 [ ]			
	(02-03 see Silhouette sketch) 03 Head form, profile	Shallow 1 [ ] Medium 2 [X] Deep 3 [ ]			
35	Race 01 Group	Caucasoid 1 [X] Mongoloid 2 [ ] Negroid 3 [ ] Type:			
	02 Complexion	Light 1 [ ] Medium 2 [ ] Dark 3 [ ]	X		
36	Hair of the head 01 Type	Natural 1 [X] Artificial 2 [ ] Hair-piece 3 [ ] Wig 4 [ ] Braided 5 [ ] Implanted 6 [ ]			
	02 Length	Short<6cm 1 [ ] Medium<12cm 2 [ ] Long>12cm 3 [X] Shaved 4 [ ]			
	03 Colour	Blond 1 [X] Brown 2 [X] Black 3 [ ] Red 4 [ ] Grey 5 [X] White 6 [ ]			
	04 Shade of colour	Light 1 [ ] Medium 2 [X] Dark 3 [ ] Turning grey 4 [ ] Dyed 5 [ ] Streaked 6 [ ]			
	05 Thickness	Thin 1 [ ] Medium 2 [ ] Thick 3 [X]			
	06 Style	Straight 1 [ ] Wavy 2 [X] Curly 3 [X] Parted 4 [ ] Left 5 [ ] Right 6 [X] Middle			
	07 Baldness	Beginning 1 [ ] Advanced 2 [ ] Total 3 [ ] / Forehead 4 [ ] Sides 5 [ ] Tonsure 6 [ ]	X		
	08 Other	(specify): nackenlang			

Collected by Duty Title :
Name :
Address :
Phone/E-mail :

Signature / Date

[(GB) Version 2008]

Ante**M**ortem *(yellow)* **VICTIM IDENTIFICATION FORM** **D2**

MISSING PERSON No: AM2008-0000507179

Barcode

Family name : Baumann

Forename(s) : Peter Karl Josef

Date of birth : 20 Day 04 Month 1957 Year

Male [X] Female [ ]

a = Data not available b = Photo c = Further information on page G

PHYSICAL DESCRIPTION (cont.)			a	b	c
37	**Forehead** 01 Height / Width (01-02 see Silhouette sketch) 02 Inclination	Low 1 [ ] Medium 2 [ ] High 3 [ ] / Narrow 4 [ ] Medium 5 [ ] Wide 6 [ ] Protruding 1 [ ] Vertical 2 [ ] Receding/slightly or clearly 3 [ ] S 4 [ ] C	X X		
38	**Eyebrows** 01 Shape / Thickness 02 Peculiarities	Straight 1 [ ] Arched 2 [ ] Joining 3 [X] / Thin 4 [ ] Medium 5 [X] Thick 6 [ ] Plucked 1 [ ] Tattooed 2 [ ]			
39	**Eyes** 01 Colour 02 Shade 03 Distance between eyes 04 Peculiarities	Blue 1 [X] Grey 2 [ ] Green 3 [ ] Brown 4 [ ] Black 5 [ ] Light 1 [ ] Medium 2 [X] Dark 3 [ ] Mixed 4 [ ] Small 1 [ ] Medium 2 [X] Large 3 [ ] Cross-eyed 1 [ ] Squint-eyed 2 [ ] Artificial eye 3 [ ] Left 4 [ ] Right	X		
40	**Nose** 01 Size / Shape 02 Peculiarities (03 see Silhouette sketch) 03 Curve / Angle	Small 1 [ ] Medium 2 [ ] Large 3 [ ] / Pointed 4 [X] Roman 5 [ ] Alcoholics 6 [ ] Marks of spectacles 1 [ ] No 2 [ ] Yes Misshapen 3 [ ] Other (specify): 4 [X] _____ Concave 1 [ ] Straight 2 [X] Convex 3 [ ] / Turned down 4 [ ] Horizontal 5 [ ] Turned up 6 [ ]	X		
41	**Facial hair** 01 Type 02 Colour	No beard 1 [X] Moustache 2 [ ] Goatee 3 [ ] Whiskers 4 [ ] Full beard 5 [ ] Blond 1 [ ] Brown 2 [ ] Black 3 [ ] Red 4 [ ] Grey 5 [ ] White 6 [ ]	X		
42	**Ears** 01 Size / Angle (02 see Silhouette sketch) 02 Ear lobes / Pierced	Small 1 [ ] Medium 2 [X] Large 3 [ ] / Close-set 4 [X] Medium 5 [ ] Protruding 6 [ ] Attached 1 [X] No 2 [ ] Yes / Pierced - specify number of piercings 3 [ ] Left _____ 5 [ ] Right _____			
43	**Mouth** 01 Size / Other	Small 1 [ ] Medium 2 [ ] Large 3 [X] / Other (specify): 4 [ ] _____			
44	**Lips** 01 Shape / Other	Thin 1 [X] Medium 2 [ ] Thick 3 [ ] / Made up 4 [ ] Other (specify): 5 [ ] _____			
45	**Teeth** (cf.page F1/F2) 01 Conditions 02 Gaps/Missing teeth 03 Dentures	Natural 1 [X] Untreated 2 [ ] Treated 3 [X] Crowns 4 [ ] Bridges 5 [ ] Implants 6 [ ] Gaps between front teeth 1 [ ] Upper 2 [ ] Lower / Missing teeth 3 [ ] Upper 4 [ ] Lower Toothless 5 [ ] Upper 6 [ ] Lower Part.upper 1 [ ] Part.lower 2 [ ] Full upper 3 [ ] Full lower 4 [ ] ID-number(specify): 5 [ ] _____	X X		
46	**Smoking habits** 01 Type	No 1 [ ] Yes 2 [X] / Cigarettes 3 [X] Cigars 4 [ ] Pipe 5 [ ] Chewing tobacco 6 [ ]			

Collected by Duty Title :
Name :
Address :
Phone/E-mail :

Signature / Date

[(GB) Version 2008]

Ante**M**ortem *(yellow)* **VICTIM IDENTIFICATION FORM** **D3**

MISSING PERSON No: AM2008-000507179

Barcode

Family name : Baumann

Forename(s) : Peter Karl Josef

Date of birth : 20 Day 04 Month 1957 Year — Male [X] Female [ ]

a = Data not available b = Photo c = Further information on page G

PHYSICAL DESCRIPTION (cont.)				a	b	c
47	**Chin**					
	01 Size / Inclination	Small 1 [ ] Medium 2 [ ] Large 3 [X] / Receding 4 [ ] Medium 5 [ ] Protruding 6 [X]				
	02 Shape	Pointed 1 [ ] Round 2 [ ] Angular 3 [X] Cleft chin 4 [ ] Groove 5 [ ]				
48	**Neck**					
	01 Length / Shape	Short 1 [ ] Medium 2 [X] Long 3 [ ] / Thin 4 [ ] Medium 5 [ ] Thick 6 [ ]				
	02 Peculiarities	Goitre 1 [ ] Prominent Adams apple 2 [X] Collar / Shirt No 4 [ ] Circumference 6 [ ] in cm				
49	**Hands**					
	01 Shape / Size	Slender 1 [X] Medium 2 [ ] Broad 3 [ ] / Small 4 [ ] Medium 5 [ ] Large 6 [X]				
	02 Nail length	Short 1 [X] Medium 2 [ ] Long 3 [ ]				
	03 Peculiarities	Bitten short 1 [X] Manicured 2 [ ] Painted 3 [ ] Artificial 4 [ ] Nicotine 5 [ ] Left 6 [ ] Right				
50	**Feet**					
	01 Shape	Slender 1 [ ] Medium 2 [X] Broad 3 [ ] Flatfooted 4 [ ] Arched 5 [ ]				
	02 Condition / Nail	Bunion 1 [ ] Corn 2 [ ] / Painted 3 [ ] Defective 4 [ ]		X		
	03 Peculiarities	(Specify):		X		
51	**Body hair**					
	01 Extent	None 1 [ ] Slight 2 [ ] Medium 3 [X] Pronounced 4 [ ]				
	02 Colour	Blond 1 [ ] Brown 2 [ ] Black 3 [ ] Red 4 [ ] Grey 5 [ ] White 6 [ ]		X		
52	**Pubic hair**					
	01 Extent	None 1 [ ] Slight 2 [ ] Medium 3 [ ] Pronounced 4 [ ] Shaved 5 [ ]		X		
	02 Colour	Blond 1 [ ] Brown 2 [ ] Black 3 [ ] Red 4 [ ] Grey 5 [ ] White 6 [ ]		X		
53	**Specific details**					
	01 Head					
	1A Neck / Throat					
	02 Right arm					
	03 Left arm	04 Burning — shorter — thumb				
	04 Right hand					
	05 Left hand					
	06 Body - front					
	07 Body - back					
	08 Right leg					
	09 Left leg					
	10 Right foot					
	11 Left foot					

No:	1 Scars/Piercing	2 Skin marks	3 Tattoo marks	4 Malformations	5 Amputations
04	Burning			shorter	thumb

Indicate specific details on body sketch, page D4.

54	**Circumcision**	1 [ ] No 2 [ ] Yes 3 [X] Unknown			
55	**Other peculiarities**				

Collected by Duty Title : Name : Address : Phone/E-mail :

Signature / Date

[(GB) Version 2008]

A nte M ortem *(yellow)* **VICTIM IDENTIFICATION FORM** **D4**

MISSING PERSON **No:** AM2008-0000507179

Barcode

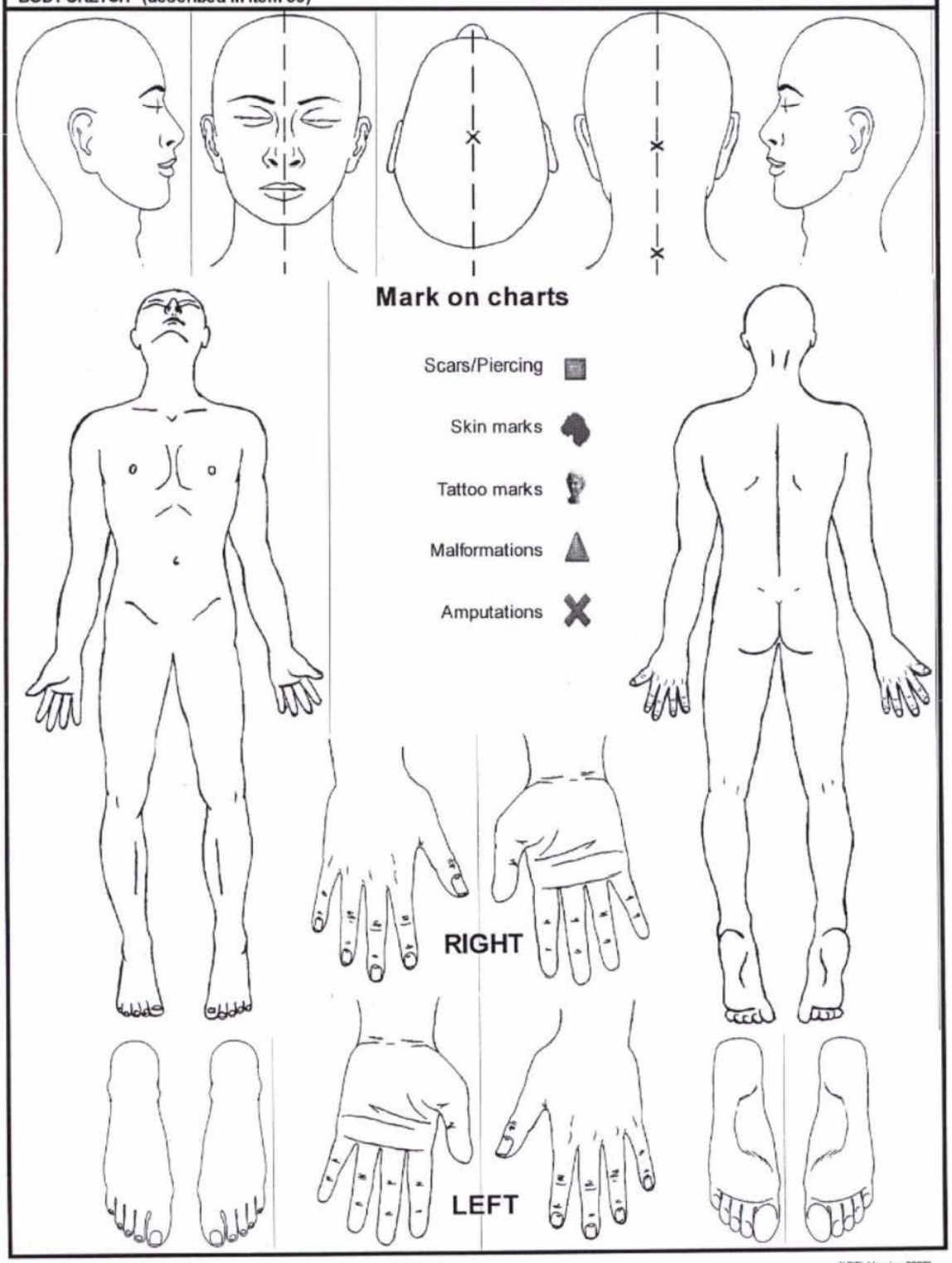
Family name : Baumann

Forename(s) : Peter Karl Josef

Date of birth : 2 0 *Day* 0 4 *Month* 1 9 5 7 *Year*

Male X *Female* ☐

BODY SKETCH (described in item 53)



[(GB) Version 2008]

A nte M ortem *(yellow)*

VICTIM IDENTIFICATION FORM

D5

MISSING PERSON

No: AM2008-0000507179

Barcode

Family name : Baumann

Forename(s) : Peter Karl Josef

Date of birth : 2 0 *Day* 0 4 *Month* 1 9 5 7 *Year*

Male X *Female* ☐

a = Data not available b = Photo c = Further information on page G

FINGERPRINT INFORMATION			a	b	c
01	**Fingerprinted** 01 Reason	1 ☐ *No* 2 ☐ *Yes* *Where:* _____ *Criminal* 1 ☐ *Civil* 2 ☐ *Other:* 3 ☐ _____ *Date:* _____			
02	**If not, are fingerprints obtainable from residence/workplace/ other** 01 Address 02 Attending member	1 ☐ *No* 2 ☐ *Yes*			
03	**Number of fingerprints retrieved** 01 Format	*No:* _____ *Lifts* 1 ☐ *Digital Photo* 2 ☐ *35mm Photo* 3 ☐ *Other (specify):* 4 ☐ _____			
04	**Development technique**	*Powder* 1 ☐ *Chemicals* 2 ☐ *Other (specify):* 3 ☐ _____			
05	**Exhibits forwarded** 01 Description	1 ☐ *No* 2 ☐ *Yes*			
06	**Other information**				

Collected by

Duty Title :
Name :
Address :
Phone/E-mail :

Signature / Date

[(GB) Version 2008]

Ante**M**ortem *(yellow)* **VICTIM IDENTIFICATION FORM** **E1**

MISSING PERSON No: AM2008-000507179

Barcode

Family name : Baumann

Forename(s) : Peter Karl Josef

Date of birth : 20 *Day* 04 *Month* 1957 *Year*

Male X *Female* ☐

MEDICAL CONDITIONS (as known to realtives or others)

56	**General state of health** (Describe past and present diseases and/or treatment) General practitioner see A2-15	
57	**Medication** (What drugs are kept at residence ?)	

MEDICAL INFORMATION (If not given by the general practitioner 'A2-15', then please specify from whom)

58	01 Regular/occasional patient ?	No:	
	MEDICAL RECORD lists:		
	02 Symptoms		
	03 Findings		
	04 Diagnose		
	05 Treatment		
	06 Prescriptions		
	07 Ref. to specialist		
	08 Operation scars		
	09 Other scars		
	10 Fractures		
	11 Organs missing		
	12 Hospitalization		
	13 Other		
	ADDICTED to:		
	14 Tobacco		
	15 Alcohol		
	16 Drugs		
	17 Narcotics		
	INFECTIOUS DISEASE:		
	18 Hepatitis		
	19 AIDS / HIV		
	19A Tuberculosis		
	20 Other		
	IN WOMEN:		
	21 Pregnancy		
	22 Births		
	23 Hysterectomy		
	IMPLANT:	*Metal* 1 ☐ *Plastic* 2 ☐	*Describe:*
	24 Intrauterine contraceptive devices		
	25 Other implants	*Metal* 1 ☐ *Plastic* 2 ☐	*Describe:*
59	**Blood type**		

Continued item no 66 (Item 60 - 65 in form PM only)

Collected by	Duty Title :	Signature / Date
	Name :	
	Address :	
	Phone/E-mail :	

[(GB) Version 2008]

A nte M ortem *(yellow)*

VICTIM IDENTIFICATION FORM

E2

MISSING PERSON

No: AM2008-0000507179

Barcode

Family name	: Baumann										
Forename(s)	: Peter Karl Josef										
Date of birth	:	2	0	*Day*	0	4	*Month*	1	9	5	7	*Year*

Male X *Female* ☐

FURTHER MEDICAL INFORMATION

66	Forensic pathologist/ medical examiner's extract from medical records	
	Medical records provided by: Name Address Phone/E-mail	

MEDICAL DATA OF SPECIFIC INTEREST

67	X-rays showing specific conditions	
68	Organs removed	
69	Prostheses	
70	Other artificial aids	

Continued item no 76 (Item 71 - 75 in form PM only)

Collected by		
	Duty Title :	Signature / Date
	Name :	
	Address :	
	Phone/E-mail :	

Ante**M**ortem *(yellow)* **VICTIM IDENTIFICATION FORM** **E4**

MISSING PERSON No: AM2008-0000507179

Barcode

Family name : Baumann

Forename(s) : Peter Karl Josef

Date of birth : 20 Day 04 Month 1957 Year

Male: X Female:

c = Further information on page G

DNA c

93 Reference — Missing person

Type of sample: oral cavity smear of the brother

Laboratory reference:

1. Reference

Name/Address: Franz BAUMANN, s.o.

National ID-number: 10-0085881

Biological relationship: Brother

Laboratory reference: Bayer. Landeskriminalamt - SG 203

Contact person at the lab: Dr. Christine Schäfer

Laboratory quality standard:

2. Reference

Name/Address:

National ID-number:

Biological relationship:

Laboratory reference:

Contact person at the lab:

Laboratory quality standard:

3. Reference

Name/Address:

National ID-number:

Biological relationship:

Laboratory reference:

Contact person at the lab:

Laboratory quality standard:

94 DNA profiles

DNA profiles	Missing person	1. Reference	2. Reference	3. Reference
D3S1358		[redacted]		
VWA				
D16S539				
D2S1338				
Amelogenin				
D8S1179				
D21S11				
D18S51				
D19S433				
TH01				
FGA				
TPOX				
CSF1PO				
D13S317				
D7S820				
D5S818				
Penta D				
Penta E				
FES				
F13A1				
F13B				
SE33				
CD4				
GABA				

95 Checked by *Date:* *Signature:*

Collected by

Duty Title :

Name :

Address :

Phone/E-mail :

Signature / Date

[(GB) Version 2008]

A nte M ortem (yellow) **VICTIM IDENTIFICATION FORM** **F1**

MISSING PERSON No: AM2008-0000507179

Barcode

Family name : Baumann

Forename(s) : Peter Karl Josef

Date of birth : 2 0 Day 0 4 Month 1 9 5 7 Year

Male [X] Female [ ]

DENTAL INFORMATION

76	**Missing Persons address** (see A1 in item 10)	[redacted] Cross Street Waverly, P.C. 2024 Australia
77	**Missing since**	0 1 Day 0 9 Month 1 9 8 3 Year
78	**Circumstances of the the disappearance**	emigrated to Australia - Possible marriage 1982 - no longer to be found for the Australian authorities
79	**Dental information Obtained from family members and/or others** 01 Data in D2 item 45	1 [X] No 2 [ ] Yes

DENTAL DATA PROVIDED BY

80	**Dentist / Institution** Address Phone/E-mail Period covered DOCUMENTS filed with	From ____ To ____ [ ] Records [ ] X-rays [ ] Models [ ] Photos
81	**Dentist / Institution** Address Phone/E-mail Period covered DOCUMENTS filed with	From ____ To ____ [ ] Records [ ] X-rays [ ] Models [ ] Photos
82	**Dentist / Institution** Address Phone/E-mail Period covered DOCUMENTS filed with	From ____ To ____ [ ] Records [ ] X-rays [ ] Models [ ] Photos

Continued item no 86 (Item 83 - 85 in form PM only)

Collected by	Duty Title : Name : Address : Phone/E-mail :	Signature / Date

[(GB) Version 2008]

Ante**M**ortem *(yellow)* **VICTIM IDENTIFICATION FORM** **F2**

MISSING PERSON No: AM2008-0000507179

Barcode

Family name : Baumann

Forename(s) : Peter Karl Josef

Date of birth : 2 0 Day 0 4 Month 1 9 5 7 Year

Male [X] Female [ ]

86	DENTAL INFORMATION in permanent teeth (Notify temporary teeth specifically)		

18 17 16 15 14 13 12 11 | Super numerary [ ] | 21 22 23 24 25 26 27 28

48 47 46 45 44 43 42 41 | 31 32 33 34 35 36 37 38

87	**Specific data** Crowns, bridges, dentures and implants	
88	**Further data** Occlusion, attrition, anomalies, smoker, periodontal status, etc.	
89	**X-rays available** Type, region and year	
90	**Further material**	
91	**Age at time of disapp.**	26
96	**Checked by**	*Date:* *Signature:*

Collected by	Duty Title	:	Signature / Date
	Name	:	
	Address	:	
	Phone/E-mail	:	

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