

ALETHEIA – DATA COLLECTION

NAME: Peter Karl Josef BAUMANN		Body/Bones No:	DATE MISSING: 27/10/1983
DOB: 20/04/1975	AGE: 25	GENDER:	
		Male <input checked="" type="checkbox"/>	Female <input type="checkbox"/>
		Intersex <input type="checkbox"/>	CNI: [REDACTED]
PAC/PD (Reported Missing) Eastern Suburbs PAC		COPS EVENT No: E 909939200037	COPS CASE No: 5602949
SF NAME BLISSETT		SCC CORDs No:	DATE REPORTED: 27/10/1983

MISSING PERSON CATEGORY

MISSING PERSON	<input type="checkbox"/>	ABDUCTION	<input type="checkbox"/>	MISSING OVERSEAS (Investigated via DFAT) Interpol Yellow Notice Date: Interpol Black Notice Date:	<input type="checkbox"/>
IMMIGRATION CASE (illegal immigrants) ABF Check Conducted Date:	<input type="checkbox"/>	SUSPECTED UNSOLVED HOMICIDE	<input checked="" type="checkbox"/>	SOLVED HOMICIDE (Body still missing)	<input type="checkbox"/>
MENTAL / HEALTH RELATED	<input type="checkbox"/>	MISADVENTURE/ACCIDENT	<input type="checkbox"/>	OTHER (please describe)	<input type="checkbox"/>
<ul style="list-style-type: none"> • Bipolar, schizophrenia, paranoia • Disability (Physical/Intellectual) • Drug/Alcohol Dependency • Need for essential medication • Depression • Self-harm/suicide • Dementia/Alzheimer's • Autism 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"> • Bush walking • Drowning • Light aircraft • Other 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

RISK FACTORS

SEX WORKER	<input type="checkbox"/>	FAMILY and SOCIAL MEDIATORS	<input type="checkbox"/>
GAY/RACIALLY MOTIVATED	<input checked="" type="checkbox"/>	<ul style="list-style-type: none"> • Victim/Perpetrator of domestic violence • Significant family conflict/abuse • Employment (issues at work) • Financial problems • Violent racist/homophobic victimisation • Other 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
YOUTH/FOSTER CARE	<input type="checkbox"/>		
AGED CARE FACILITY	<input type="checkbox"/>		
WERE CARE AND PROECTION ORDERS IN PLACE	<input type="checkbox"/>		

LINKS

le missing at same time/location

OFFICE USE ONLY	Signature/Date
Confirmation by FETS	
ACCEPTED ON E@GLE-I	
UPLOADED ON CORDS	
UPLOADED NMVPS	

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RECIDIVISM STATUS	YES	NO		YES	NO
FIRST TIME MISSING	<input checked="" type="checkbox"/>	<input type="checkbox"/>	RECIDIVIST MISSING	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ABSCONDER/ABSENT	<input type="checkbox"/>	<input type="checkbox"/>	NUMBER OF TIMES MISSING	No: 1	

Item	Yes	No	Comments
Last known residential address	<input checked="" type="checkbox"/>	<input type="checkbox"/>	█ Cross St, Waverley
Address or location last seen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	█ Cross St, Waverley
Authority to publish for police use	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IN – 329 relates.
Authority to publish for general use	<input type="checkbox"/>	<input checked="" type="checkbox"/>	In-329
Photograph of missing person	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PH-12
NOK details	<input checked="" type="checkbox"/>	<input type="checkbox"/>	IN-328 : Anna-Christa BAUMANN-SERR █
DNA of Missing Person	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ref No:
DNA (mitochondrial, nuclear, Y) including the relationship of the donor to missing person	<input checked="" type="checkbox"/>	<input type="checkbox"/>	IN-281 – EFIMS - X0000547398 Heinrich BAUMANN - █ Anneliese BAUMANN - █ 1 Barcode on paperwork 62039637
Fingerprint	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Dental Records (inc. X-Ray/CT)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	IN-328 – Nil records – In 1976 all teeth present.
Medical Records (inc. X-Ray/CT)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	IN-327 from Germany.
Does the MP hold a Driver's Licence?	<input type="checkbox"/>	<input type="checkbox"/>	State/Country: License No: Nil licences held on RTA. Date issued:
DVI Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	IN-328
Copy of Brief	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Date of service: Unknown.
Coroners Findings:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Date of finding/Description – 04/08/2009 – MP Deceased – open finding. EX - 66
Missing Person Identification Form	<input checked="" type="checkbox"/>	<input type="checkbox"/>	IN-329
P79B Form P79A (pre 2009)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Date Submitted: 25/04/2008
Has a Homicide Review been conducted ?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If YES – DATE:</i>
Has New Unsolved Homicide Process been conducted ?	<input type="checkbox"/>	<input type="checkbox"/>	<i>If YES – DATE:</i>

ALETHEIA – DATA COLLECTION**DETAILS OF MISSING PERSON** (as at time of disappearance)

GENDER		WEIGHT & HEIGHT	
Male	<input checked="" type="checkbox"/>	Approx. weight:	kg
Female	<input type="checkbox"/>	Approx. height:	183 cm
Intersex	<input type="checkbox"/>		
EYE COLOUR		FACIAL HAIR	
Brown	<input type="checkbox"/>	Moustache	<input type="checkbox"/>
Hazel	<input type="checkbox"/>	Beard	<input type="checkbox"/>
Green	<input checked="" type="checkbox"/>	Sideburns	<input type="checkbox"/>
Blue	<input type="checkbox"/>	Goatee	<input type="checkbox"/>
HAIR COLOUR		HAIR	
Blonde	<input checked="" type="checkbox"/>	Bald	<input type="checkbox"/>
Brown	<input type="checkbox"/>	Receding	<input type="checkbox"/>
Black	<input type="checkbox"/>	Short (above collar)	<input type="checkbox"/>
Grey/White	<input type="checkbox"/>	Medium (top of shoulders)	<input checked="" type="checkbox"/>
Red/Ginger	<input type="checkbox"/>	Long	<input type="checkbox"/>
Multi-coloured / dyed	<input type="checkbox"/>		
BUILD		ETHNIC APPEARANCE	
Slim	<input type="checkbox"/>	Aboriginal / Torres Strait Islander	<input type="checkbox"/>
Medium	<input checked="" type="checkbox"/>	African	<input type="checkbox"/>
Solid / Large	<input type="checkbox"/>	Asian	<input type="checkbox"/>
Athletic / Muscular	<input type="checkbox"/>	Caucasian	<input checked="" type="checkbox"/>
Muscular	<input type="checkbox"/>	Indian subcontinental	<input type="checkbox"/>
Obese	<input type="checkbox"/>	Mediterranean / Middle Eastern	<input type="checkbox"/>
Other	<input type="checkbox"/>	Pacific Islander / Maori	<input type="checkbox"/>
		South American	<input type="checkbox"/>
		Other	<input type="checkbox"/>
OTHER IDENTIFIABLE PHYSICAL FEATURES			
Tattoos	<input type="checkbox"/>	Scar	<input type="checkbox"/>
Dental	<input type="checkbox"/>	Physical Impairment	<input type="checkbox"/>
Other	<input type="checkbox"/>	Description of Feature:	
DEMOGRAPHICS (Marital Status/Birth Details)			
Single	<input type="checkbox"/>	Country of Birth:	
De-facto	<input type="checkbox"/>	Indigenous Status:	
Married	<input type="checkbox"/>	Citizenship:	
Separated	<input type="checkbox"/>	Other:	
Divorced	<input checked="" type="checkbox"/>		
Widowed	<input type="checkbox"/>		
Boyfriend/Girlfriend	<input type="checkbox"/>		
Other	<input type="checkbox"/>		

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CASE FINALISATION

LOCATION STATUS				METHOD OF LOCATION	
Alive	<input type="checkbox"/>			Located by police	<input type="checkbox"/>
Deceased (full body)	<input type="checkbox"/>			Returned home voluntary	<input type="checkbox"/>
Deceased (Partial body)	<input type="checkbox"/>			Reported located via trusted person (eg doctor, school)	<input type="checkbox"/>
Not yet located	<input type="checkbox"/>				
Other	<input type="checkbox"/>				
Duplicate	<input type="checkbox"/>				
JURISDICTION LOCATED				PROBABLE CAUSE	
NSW	<input type="checkbox"/>	NT	<input type="checkbox"/>	Involuntary missing	<input type="checkbox"/>
ACT	<input type="checkbox"/>	SA	<input type="checkbox"/>	Voluntary missing	<input type="checkbox"/>
VIC	<input type="checkbox"/>	WA	<input type="checkbox"/>	Lost/Wandered	<input type="checkbox"/>
QLD	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	Missing due to an event (disaster, lost at sea)	<input type="checkbox"/>
				Unknown	<input type="checkbox"/>