



**TEBA Limited**  
RSA Reg. No 1902/001680/05

02027

Conditional Agreement of Service

Registration Date: 2010/03/25

Surname: MPUMZA	Employer: KAREE MINE 596
Other Names: THOBILE	Site: KAREE MINE 596
Gender: MALE	Industry No: Z3196316
Father's Name:	Office: TOM KAREE 0596
Mother's Name:	Serial Number: 1058 Year: 2010
Spouse's Name:	Company No: 20013233
Chief / Headman:	Occupation: PLAT - STOPE TIMBER
Country: SOUTH AFRICA	Passport No. [REDACTED]
District: MOUNT AYLIFF	Passport Expiry Date: [REDACTED]
Language: XHOSA	Identity No: (Did not Pass valid) [REDACTED]
Religion: UNKNOWN	Date of Birth: 1986/07/06
Home Address: NEAR GUGWINI VILLAGE GUGWINI VILLAGE MOUNT AYLIFF 4735	Marital Status: SINGLE
Living out / Mine Accommodation: [REDACTED]	Dependents: 0
Emergency Contact: MARIKANA RUSTE XOLELWA MPUMZA [REDACTED]	Education Std Attained: Qualification
Death Beneficiary: XOLELWA MPUMZA	ABET Numeracy Qualification: -
Beneficiary Relation: SISTER	ABET Literacy Qualification: -
Beneficiary Address: NEAR GUGWINI VILLAGE GUGWINI VILLAGE MOUNT AYLIFF 4735	Agreement Period (Weeks): 52
Beneficiary Contact: [REDACTED]	Agreement Expiry Date: 2011/03/24
Previous Agreement	Experience: 111 - NOVICE
Office:	Industry Certificate No:
Serial Number: Year: No. of Weeks on last agreement:	Type of Employment: Underground
Date of last discharge:	Employee's Signature or Mark
Last Employer:	
Endorsements, Vaccinations etc.	
<p>I accept and agree that my medical exit certificate and radiological reports will be retained by TEBA Ltd and attached to my record of service that is held by TEBA Ltd in its database. Furthermore, I authorise TEBA Ltd to disclose the contents thereof to mining industry officials for possible employment.</p> <p>The employment of the employee is subject to the employee being declared fit by way of an occupational medical examination, and the employee having a satisfactory prior employment record. The employee further authorises and agrees that TEBA Limited may at any time verify his/her fingerprints and ID number with its own database and, that held by the Department of Home Affairs</p>	
Capturer: Machava Teixeira	NOT AVAILABLE
Date Printed: 2012/08/17 04:38.02 PM	565 Karee dismissal 2011



000008



100

000009

100



### NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

in terms of the Births and Deaths Registration Act,  
1992 (Act No. 51 of 1992)

Space for Bar Code



9999

• Must be completed in black ink (please tick  where applicable) SERIAL No: **A07501067**  
• Please refer to instructions

FILE No: **DR SGS 12** DATE: **2012-08-22**

**A PARTICULARS OF DECEASED INDIVIDUAL**  / **STILLBORN CHILD**

Identity number of deceased: [REDACTED] Date of death: [REDACTED]

Surname: **MPUMZA**

Maiden Name (If female): [REDACTED]

Forenames: **THOBILE**

Date of birth: **1986 07 06**

Age at last birthday: **26** years

Sex: **MALE**

If death occurred within 24 hours after birth number of hours alive: [REDACTED]

**MARITAL STATUS OF DECEASED** Single  Civil Marriage  Living as married  Widowed   
Religious Law Marriage  Divorced  Customary Marriage

PLACE OF BIRTH (Municipal district or country if abroad).....  
PLACE OF DEATH (City / Town / Village).....  
PLACE OF REGISTRATION OF DEATH.....  
CITIZENSHIP OF DECEASED.....

Left thumb print of deceased

**B PARTICULARS OF INFORMANT**

Identity number: [REDACTED]

Initials and Surname: [REDACTED]

Relationship to deceased: Parent  Spouse  Child  Other kin  Other (specify)

Postal address: [REDACTED] Postal Code: [REDACTED]

Was the next of kin of the deceased a smoker\* during the past five years? Yes  No  Refuse to answer

Date: [REDACTED] Signature: [REDACTED]

Left thumb print of informant

Dialling Code: [REDACTED] Telephone No.: [REDACTED]

**C PARTICULARS OF FUNERAL UNDERTAKER**

Initials and Surname: [REDACTED]

De: [REDACTED] Place of burial / cremation: [REDACTED]

De: [REDACTED] Signature: [REDACTED]

Office Stamp of Funeral Undertaker

**D.1 CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE**

I, the undersigned, hereby certify that the deceased named in Section A, to the best of my knowledge and belief, died solely and exclusively due to **NATURAL CAUSES**, as specified in Section G.

I, the undersigned, am not in the position to certify that the deceased died exclusively due to natural causes.

Initials and Surname: [REDACTED] Postal address: [REDACTED]

Date Signed: [REDACTED] Signature: [REDACTED] SAMDC / SANC Reg. No: [REDACTED]

**D.2 CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST**

I, the undersigned, hereby certify that a medicolegal post-mortem examination has been conducted on the body of the person whose particulars are given in Section A and that the body is no longer required for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and that the cause of death is:

Natural Cause of Death as indicated in Section G)  Unnatural  Under investigation

Initials and Surname: **KL HLAISE** Postal address: **6543 KGOTLENGA STR  
CARANKUWA**

Place of post-mortem: **CARANKUWE** Date: **2012 08 22** Postal Code: **0208** SAMDC Reg. No: **0363049**

Mortuary reference: **DR SGS 2012** Date signed: **2012 08 22** Signature: [REDACTED]

**E FOR OFFICIAL USE ONLY** Initials and Surname of Registrar: [REDACTED]

Registration of Death approved and Burial Order issued: [REDACTED]

Postal address: [REDACTED] Force No./ Designation No.: [REDACTED]

Postal: [REDACTED] Persa: No.: [REDACTED]

Office Stamp



**NOTIFICATION / REGISTER OF DEATH / STILLBIRTH**

in terms of the Births and Deaths Registration Act,  
1992 (Act No. 51 of 1992)

Space for Bar Code

\* Must be completed in black ink (please tick  where applicable) SERIAL No.

\* Please refer to instructions  
FILE No. DR 565/12 DATE: 2012 08 22 A07501167

**A PARTICULARS OF DECEASED INDIVIDUAL**  / **STILLBORN CHILD**

Identity number of deceased: [REDACTED] Date of death: 2012 08 22

Surname: MPUMZA  
Maiden Name (If female):  
Forenames: THORPE

Date of birth: 1986 07 06  
Age at last birthday: 26 years  
Sex: MALE  
If death occurred within 24 hours after birth number of hours alive:

**MARITAL STATUS OF DECEASED** Single  Civil Marriage  Living as married  Widowed   
Religious Law Marriage  Divorced  Customary Marriage

PLACE OF BIRTH (Municipal district or country if abroad):  
PLACE OF DEATH (City / Town / Village):  
PLACE REGISTRATION OF DEATH:

**C KINSHIP OF DECEASED**

**B PARTICULARS OF INFORMANT**

Identity number: [REDACTED]  
Initials and Surname: [REDACTED]  
Relationship to deceased: Parent  Spouse  Child  Other kin  Other (specify)   
Postal address: [REDACTED] Postal Code: [REDACTED]  
Was the next of kin of the deceased a smoker\* during the past five years? Yes  No  Refuse to answer   
Date: [REDACTED] Signature: [REDACTED]

Left thumb print of deceased

Left thumb print of informant

**C PARTICULARS OF FUNERAL UNDERTAKER**

Initials and Surname: [REDACTED]  
Designation No.: [REDACTED] Place of burial / cremation: [REDACTED]  
Date: [REDACTED] Signature: [REDACTED]

Office Stamp of Funeral Undertaker

**D CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE**

I, undersigned, hereby certify that the deceased named in Section A, to the best of my knowledge and belief, died solely and exclusively due to NATURAL CAUSES, as specified in Section G.   
I, the undersigned, am not in the position to certify that the deceased died exclusively due to natural causes.   
Initials and Surname: [REDACTED]  
Date Signed: [REDACTED] Signature: [REDACTED]

Postal address: [REDACTED]  
Postal Code: [REDACTED]  
SAMDC / SANC Reg. No. [REDACTED]

**D.2 CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST**

I, the undersigned, hereby certify that a medicolegal post-mortem examination has been conducted on the body of the person whose particulars are given in Section A and that the body is no longer required for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and that the cause of death is:  
Natural (Cause of Death as indicated in Section G)  Unnatural  Under investigation   
Initials and Surname: KC HLAISE  
Place of post-mortem: CARANKWANE Date: 2012 08 22  
Mortuary reference: DR 565/2012 Date signed: 2012 08 22  
Signature: [REDACTED]

Postal address: 6542 LGOTLENG STR  
CARANKWANE  
Postal Code: 0208  
SAMDC Reg. No. 0363049H

**E FOR OFFICIAL USE ONLY**

Initials and Surname or Registrar: [REDACTED]  
Registration of Death approved and Burial Order issued: [REDACTED]  
Postal address: [REDACTED] Force No./ Designation No.: [REDACTED]  
Postal Code: [REDACTED] Date: [REDACTED] Peral No.: [REDACTED]  
Signature: [REDACTED]

Office Stamp

\* Someone who smokes tobacco on most days



# NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

## INFORMATION FOR MEDICAL AND HEALTH USE ONLY

(After completion *seal* to ensure confidentiality)

Space for Bar Code

• Must be completed in black ink (please tick  where applicable)  
 • Please refer to instructions  
 FILE No: DE 565 | DATE: 2012-08-22 | SERIAL No: A07501067

### F DEMOGRAPHIC DETAILS

Initials and Surname of deceased

Identity number

PLACE OF DEATH  
 1. Hospital: (Inpatient  ER / Outpatient  DOA  )  
 2. Nursing Home  3. Home   
 4. Other (Specify)

FACILITY NAME:  
 (If not an institution, give street name and number)

### USUAL RESIDENTIAL ADDRESS OF DECEASED (Where someone lived on most days)

Street name and number   
 Name of Plot, Farm, etc.   
 Suburb / Village   
 Town / City   
 District / Country   
 Postal Code   
 Magisterial district   
 Census enumerator area

### DECEASED'S EDUCATION (Specify only highest class completed / achieved)

None	Gr1	Gr2	Gr3	Gr4	Gr5	Gr6	Gr7	Gr8 Form 1	Gr9 Form 2	Gr10 Form 3 NTC1	Gr11 Form 4 NTC2	Gr12 Form 5 NTC3	Univ Tech	CODE
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USUAL OCCUPATION OF DECEASED (give type of work done during most of working life. Do not use "retired".)  
 TYPE OF BUSINESS / INDUSTRY (e.g. Mining, Farming etc.) Refer to instructions.

Was the deceased a smoker\* five years ago? (  ) Yes  No  Do not know  Not applicable (minor)

### G MEDICAL CERTIFICATE OF CAUSE OF DEATH

**PART 1** Enter the disease, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.

Approximate interval between onset and Death (Days / Months / Years)

**FOR OFFICE USE ONLY**  
ICD-10

IMMEDIATE CAUSE (Final disease or condition resulting in death)

(a) MULTIPLE GUNSHOT WOUNDS OF THE CHEST AND THIGHS UNKNOWN

Sequentially list conditions, if any, leading to immediate cause.

Due to (or a consequence of) CHEST AND THIGHS

Enter UNDERLYING CAUSE last (Disease or injury that initiated events resulting in death)

(c) \_\_\_\_\_  
 Due to (or a consequence of)

(d) \_\_\_\_\_  
 Due to (or a consequence of)

**PART 2** Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1

If a female, was she pregnant 42 days prior to death? (  ) Yes  No

If stillborn, please write mass in grams

Do you consider the deceased to be: African  White  Indian  Coloured  Other  (Specify) \_\_\_\_\_

Method of ascertainment of cause of death:

- 1. Autopsy
- 2. Opinion of attending medical practitioner
- 2. Opinion of attending medical practitioner on duty
- 4. Opinion of registered professional nurse
- 5. Interview of family member
- 6. Other  (Specify) \_\_\_\_\_

Someone who smokes tobacco on most days



NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

(After completion seal to ensure confidentiality)

Space for Bar Code

000003

Must be completed in black ink (please tick  where applicable) SERIAL No:  
 Please refer to instructions  
 FILE No: DR 565/12 DATE: 2012-08-22 A07501067

F DEMOGRAPHIC DETAILS

Initials and Surname of deceased

Identity number

PLACE OF DEATH  
 1. Hospital (Inpatient)  ER / Outpatient  DOA   
 2. Nursing Home  3. Home   
 4. Other (Specify)

FACILITY NAME:  
 (If not an institution, give street name and number)

USUAL RESIDENTIAL ADDRESS OF DECEASED (Where someone lived on most days)

Street name and number  
 Name of Plot, Farm, etc.  
 Suburb / Village  
 Town  
 Pri / Country  
 Postal Code  
 Magisterial district  
 Census enumerator area

DECEASED'S EDUCATION (Specify  only highest class completed / achieved)

None	Gr1	Gr2	Gr3	Gr4	Gr5	Gr6	Gr7	Gr8 Form 1	Gr9 Form 2	Gr10 Form 3 NTC1	Gr11 Form 4 NTC2	Gr12 Form 5 NTC3	Univ Tech	CODE
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USUAL OCCUPATION OF DECEASED (give type of work done during most of working life. Do not use "retired")  
 TYPE OF BUSINESS / INDUSTRY (e.g. Mining, Farming etc.) Refer to instructions.

Was the deceased a smoker\* five years ago? (  ) Yes  No  Do not know  Not applicable (minor)

G MEDICAL CERTIFICATE OF CAUSE OF DEATH

PART 1 Enter the disease, injuries or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line.

Approximate interval between onset and Death (Days / Months / Years)

FOR OFFICE USE ONLY  
 ICD-10

IMMEDIATE CAUSE (Final disease or condition resulting in death)

(a) MULTIPLE GUNSHOT WOUNDS OF THE CHEST AND THIGHS

UNKNOWN

Sequentially list conditions, if any, leading to immediate cause.

Due to (or a consequence of)

Enter UNDERLYING CAUSE last (Disease or injury that initiated events resulting in death)

(c) Due to (or a consequence of)

(d) Due to (or a consequence of)

PART 2 Other significant conditions contributing to death but not resulting in the underlying cause given in Part 1

If a female, was she pregnant 42 days prior to death? (  ) Yes  No

If stillborn, please write mass in grams

Do you consider the deceased to be: African  White  Indian  Coloured  Other  (Specify)

Method of ascertainment of cause of death:

- 1. Autopsy
- 2. Opinion of attending medical practitioner
- 2. Opinion of attending medical practitioner on duty
- 4. Opinion of registered professional nurse
- 5. Interview of family member
- 6. Other  (Specify)

Someone who smokes tobacco on most days



DEPARTMENT OF HEALTH

0034

FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: 02565/12

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED:

I, E. MANUPPA declare under oath:-

I am a Forensic Officer in the Gauteng Department of Health, stationed at Forensic Pathology Service Ga-Rankuwa.

In the performance of the official duties in connection therewith and on 2012-08-22 I received the following exhibit (s): ALC

From FR MURKANE

While the exhibit (s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with.

On 2012-08-27 I handed the above exhibit (s) to the LAB officer

REF: PM 3830/12

The ALC was sealed with the official seal no Pink 070529

1. I know and understand the contents of this declaration.
2. I have no objection to taking the prescribed oath.
3. I consider the prescribed oath to be binding on my conscience.

Place: FPS Ga-Rankuwa

[Signature] S--F.O.

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to before me and the deponents signature was placed thereon in my presence.

Place: Ga-Rankuwa FPS

Date: 2012/09/10 [Signature] C.F.O

NAME : MARLOW ZACHARIA MALOZO  
 ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA  
 RANK : CHIEF FORENSIC OFFICER



FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: 24525/12

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED:

I, F. MASHUZI declare under oath:-

I am a Forensic Officer in the Gauteng Department of Health, stationed at Forensic Pathology Service Ga-Rankuwa.

In the performance of the official duties in connection therewith and on 2012-08-27 received the following exhibit (s): ALC

From DE F. O. Mashuzi

While the exhibit (s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with.

On 2012-08-27 I handed the above exhibit (s) to the LAB officer

REF. P173830/12

The ALC was sealed with the official seal no. Pink 078529

- 1. I know and understand the contents of this declaration.
- 2. I have no objection to taking the prescribed oath.
- 3. I consider the prescribed oath to be binding on my conscience.

Place: FPS Ga-Rankuwa

[Signature] S-F.O.

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to before me and the deponents signature was placed thereon in my presence.

Place: Ga-Rankuwa FPS

Date: 2012/09/10 [Signature] C.F.O

NAME : MAYLOU ZACHARIA MASHUZI  
 ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA  
 RANK : CHIEF FORENSIC OFFICER

DEPARTMENT OF HEALTH

0036

FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: AR515/12

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED:

I, E. MASHUPELA declare under oath:-

980000

I am a Forensic Officer in the Gauteng Department of Health, stationed at Forensic Pathology Service Ga-Rankuwa.

In the performance of the official duties in connection therewith and on 2012-08-22 I received the following exhibit (s): TOXICOLOGY

From <sup>FO</sup> DR MASHUPELA

While the exhibit (s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with.

On 2012-08-27 I handed the above exhibit (s) to the LAR officer

REF: JX2424/12 - JX2428/12

The Tox was sealed with the official seal no JX000154

1. I know and understand the contents of this declaration.
2. I have no objection to taking the prescribed oath.
3. I consider the prescribed oath to be binding on my conscience.

Place: FPS Ga-Rankuwa

[Signature] S-F.O.

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to before me and the deponents signature was placed thereon in my presence.

Place: Ga-Rankuwa FPS

Date: 2012/09/10 [Signature] M210020 C.F.O

NAME : MAILOY ZACHARIA MOLOTO  
 ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA  
 RANK : CHIEF FORENSIC OFFICER

DEPARTMENT OF HEALTH

FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: Δ2565 12

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED:

I, E. MASHUPELA declare under oath:-

000037

I am a Forensic Officer in the Gauteng Department of Health, stationed at Forensic Pathology Service Ga-Rankuwa.

In the performance of the official duties in connection therewith and on 2012-08-22 I received the following exhibit (s): TOXICOLOGY

From DR. MOBILIKANE

While the exhibit (s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with.

On 2012-08-27 I handed the above exhibit (s) to the LAB officer

REF: TX2424/12 - TX2425/12

The TOX was sealed with the official seal no TX000154

1. I know and understand the contents of this declaration.
2. I have no objection to taking the prescribed oath.
3. I consider the prescribed oath to be binding on my conscience.

Place: FPS Ga-Rankuwa

[Signature] S--F.O.

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to before me and the deponents signature was placed thereon in my presence.

Place: Ga-Rankuwa FPS

Date: 2012/08/10  
[Signature] M2 M0L070  
C.F.O

NAME : MAILOU ZACHARIA M0L070  
ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA  
RANK : CHIEF FORENSIC OFFICER

IX 2424/12

Document number: CL001

Version: Revision 01

TX 2428/12

Effective Date: 21 February 2008

Post Mortem Toxicology Referral Form (PLEASE PRINT CLEARLY IN ENGLISH)

Mortuary Reference (DR, PM or WE) PHOLENG 565/12

Priority Status: Urgent  Routine

Case number 137/08/12

If URGENT, please provide reason 000038

SAPS station MARIKATA

Date of specimen collection 2012/08/22

Time of specimen collection 14:00

Date of death

Was the deceased hospitalized before his/her death? Yes  No

If YES, please indicate the following:

Length of hospitalization:

Were toxicological analysis performed On blood in hospital? Yes  No  Unsure

If YES, please list results:

Were any drugs administered during admission in hospital? Yes  No  Unsure

If YES, please list drugs.

Clinical History Age 25 Race B Sex Male  Female  Circumstance of death: Suicide  Homicide  MVA  Unknown  Other

Please provide relevant facts in the history

Relevant post mortem observations by the pathologist (e.g. tablet pieces in stomach, needle puncture marks on arm, where specimens were sampled from, etc)

DEPT. OF HEALTH FORENSIC TOXICOLOGY 27 AUG 2012 DEPT. OF HEALTH





Forensic Pathology Service: GA-RANKUWA: POST-MORTEM NO: DR PHOKENG 565/12

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED:

I, MATLOU ZACHARIA MOLOTO declare under oath:-

I am a Chief Forensic Officer in the Gauteng Department of Health, stationed at Forensic Pathology Service GA-RANKUWA.

In the performance of the my official duties in connection therewith and on 2012 / 08 / 22 I received the following Bullet(s) from FO B.MOGAKANE

1. **Three different bottles with Official seal no (PA6000202158G)**

While the bullet(s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with.

On 20/2/08/28 I handed the above bullet(s) to SAPS Photographer

No 718444-3 Rank CS1 Name M.Z. Molofo

M.Z. Molofo  
718444-3  
M.Z. Molofo  
SIGNATURE OF P/OFFICER

1. I know and understand the contents of this declaration.
2. I have no objection to taking the prescribed oath.
3. I consider the prescribed oath to be binding on my conscience.

Place: FPS Ga-Rankuwa

M.Z. Molofo  
Signature of Chief Forensic Officer

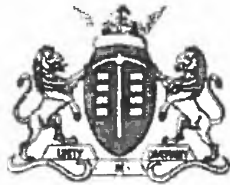
I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to before me and the deponents signature was placed thereon in my presence.

Place: Ga-Rankuwa FPS

Date: 20/2/08/28

(Signature)

NAME : LUCAS MENZELWA MAHLANGU  
ADRESS : 6543 KGOTLENG STREET, GARANKUWA  
RANK : ASSISTANT DIRECTOR



Forensic Pathology Service: GA-RANKUWA: POST-MORTEM NO: DR PHOKENG 565/12

**AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED:**

I, MATLOU ZACHARIA MOLOTO declare under oath:-

I am a Chief Forensic Officer in the Gauteng Department of Health, stationed at Forensic Pathology Service GA-RANKUWA.

In the performance of the my official duties in connection therewith and on 2012 / 08 / 22 I received the following sample(s) from .....

**One DNA swab specimen(s)**

While the specimen(s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with.

On 20 / 08 / 20 I handed the above specimen(s) to the investigating officer  
No 90644310 Rank Investigator Name Ereace Motang

\_\_\_\_\_  
SIGNATURE OF I/O

The Dna was sealed with the official seal no (PA 5000486914)

1. I know and understand the contents of this declaration.
2. I have no objection to taking the prescribed oath.
3. I consider the prescribed oath to be binding on my conscience.

Place: FPS Ga-Rankuwa

M. Z. Moloto  
20/08/2012

\_\_\_\_\_  
Signature of Chief Forensic Officer

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to before me and the deponents signature was placed thereon in my presence.

Place: Ga-Rankuwa FPS  
Date: 20 / 08 / 20

Lucas Menzelwa Mahlangu

\_\_\_\_\_  
(Signature)

NAME : LUCAS MENZELWA MAHLANGU  
ADRESS : 6543 KGOTLENG STREET, GARANKUWA  
RANK : ASSISTANT DIRECTOR

G.P.-S

REPUBLIC OF SOUTH AFRICA

GW 7/15

MEDICO LEGAL POST-MORTEM REPORT

000041

AND

**AFFIDAVIT IN TERMS OF SECTION 212(4), ACT 51 OF 1977, AS AMENDED**


I, KEVEN KHAZAMULA HLAISE (MBCHB, DTM&H, Cert. Med& Law, Dip. For Med, FC For. Path. Dept. of Forensic Medicine, Box 127, MEDUNSA, 0204. Tel No.: (012) 5214311, Fax No.: (012) 5600161),

State under oath:

I am in the service of the Government as the Head of Clinical Unit (Medical) at Ga-Rankuwa FPS and Acting HOD/Senior Lecturer in the Department of Forensic Pathology at the University of Limpopo (MEDUNSA Campus).

1. At the GA-RANKUWA Medico-legal Laboratory (Mortuary), on August 22, 2012 commencing at 10H00, I examined the body of a **BLACK MALE ADULT** marked DR No. PHOKENG 566/2012. I recorded my findings which facts I ascertained by means of an examination requiring skill in biology, anatomy and pathology.
2. The body marked DR No. PHOKENG 566/2012 was identified to me by Mr. P. T. Sekhute (Persal Number 05219787), a Facility Manager at Phokeng FPS.
3. Death, as informed, occurred on August 16, 2012. Time of death is unavailable.
4. The chief post-mortem findings made by me on the body were:
  1. *Two bullet wounds of the head and pelvis: The bullet wound of the head perforates the head on the right side and back of head, entering on right temple just above the ear and exiting on the left of the back of the head. The pelvic bullet wound penetrates the anterior bones of pelvis, entering on the lateral aspect of right buttock and terminating with bullet fragmentation within the soft tissues around the urinary bladder and bones of pelvic rami. Bullet fragments were recovered on Head (one) and pelvis (five). No evidence of 'range of fire' on the clothes and entrance wounds. The head and pelvic bullet wounds were both consistent with wounds caused by a high velocity firearm.*
  2. *Significant emphysema in the lungs.*
  3. *Early decomposition.*
  4. *There are no scarification marks on the body.*
  5. *Relevant specimens and evidence collected as detailed at end of report.*
  6. *SAP 180 stated that the deceased was shot.*
5. That as a result of my observations I concluded that the cause of death was:

**PERFORATING GUNSHOT WOUND OF THE HEAD**

1 

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DEATH REGISTER NO PHOKENG 566/2012  
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SCHEDULE OF OBSERVATIONS:

000041 (A)

GENERAL

1. Height: 1.70 m                                  Mass: 70 kg  
Physique: Normal                                  Nutrition: See paragraph 3.

2. Special identifying features: Adult black male; copy of identification document shows him to be Mr Thabiso Johannes Thelejane. At the commencement of the autopsy the deceased is wearing a brown 'Rock Bottom' striped jersey, green-and-blue striped t-shirt; grey pants with a brown belt; black striped long underpants; blue 'Jockey' underwear; black socks and black 'Allsafe' boots. The jersey is blood stained at the top and back. There is a wire around the left wrist. There is a gold colored metal bangle on the left wrist. There is a black rubber bangle of the right wrist. There is an elastic hair-band around the right upper leg. There is a black rubber necklace and pink colored beads with a cross around the neck. There are no bullet artifacts of the clothes noted. There is no soot or grease staining on any of clothes on deceased.

There is 'B2' written with a black marker on the anterior chest wall in the midline.

3. Secondary post-mortem changes: Body refrigerated. Flaccidity is present. There is early decomposition showing blue-green discoloration of the skin, marbling, generalized bloating, and skin slippage and blistering. All internal organs show early liquefactive changes of decomposition with flabbiness (softening) and discoloration.

4. External appearance of body and condition of limbs:

4.1. (Wound A): There is a 0.5 cm x 0.5 cm round-shaped penetrating bullet wound with an large eccentric collar of abrasion of the right temporal side of the head, 7 cm superior 2 cm behind the tragus of the right ear. There is no sign of 'range of fire' on the wound. The features of the wound are in keeping with an entrance wound.

4.2. (Wound A1): There is a 1.5 cm x 2 cm ragged-shaped penetrating bullet wound on the left side of the back of the head, 10 cm above and 10 cm behind the tragus of the left ear. The features of the wound are in keeping with an exit wound.

4.3. (Wound 4.3): There is a 1 cm slit-shaped penetrating wound of the left temporal side of the head, 10 cm above and 3 cm behind the tragus of the left ear. The features of this wound are in keeping with those caused by a secondary missile.

4.4. (Wound B): There is a 0.5 cm x 0.5 cm oval-shaped penetrating bullet wound of the lateral aspect upper outer quadrant of the right buttock, 45 cm above the right knee. There is no sign of 'range of fire' on the wound. The features of the wound are in keeping with an entrance wound.

4.5. There are multiple patchy irregular abrasions on the forehead and knees.

4.6. There are no scarification marks on the body.

4.7. There are no other wounds on skin of the body.

4.8. X-Ray examination was performed before evisceration of organs and showed:

i. A small bullet fragment under the scalp tissue in the vicinity of wound 3 above. This fragment was recovered.

ii. One large bullet fragment together with multiple bullet fragments within the



*anterior aspect of the pelvis in the middle and to the left. One large fragment and four small fragments were recovered, the rest were irretrievable.*

- 4.9. *Wound track of wound A and wound A1: Wound A and wound A1 are joined by a track of wound through the head, from wound A to wound A1. The direction is from front to back, right to left and slightly upwards. In its path, it perforates and shatters the right temporal bone, the brain, the middle of the occipital bone and exiting through wound 2.*
- 4.10. *Wound track of wound 4.3: This wound does not show a corresponding bullet defect on the shattered skull bones but shows features consistent with those caused by a secondary missile.*
- 4.11. *Wound track of wound B: Wound B enters the pelvis from right to left in a forward direction. In its path, it perforates the right buttock laterally, perforates and shatters the lateral wall of pelvic bone, the right and left rami of pelvis, and urinary bladder where it terminates leaving multiple bullet fragments mostly in middle and left side.*
- 4.12. *See diagram at the end of the report.*
- 4.13. *SAP 180 stated that the deceased was shot.*

#### HEAD AND NECK

5. *Head: There are confluent subscalp hemorrhages on most areas of scalp except frontal areas. The skull shows a 2.5 cm x 1.5 cm furrowing (grooving) perforating bullet defect of the right temporal bone with inner table beveling and extensive surrounding bone fractures but no outer table soot deposition. The skull also shows a 2 cm x 2 cm irregular-shaped perforating bullet defect in the middle of the occipital bone with outer table beveling associated radiating crack fractures. There are crack fractures of the right temporo-occipital, occipital, and left temporo-occipital bones. The mandible is intact.*
6. *Brain: Shows a gaping perforating bullet wound through the right temporal and the right occipital lobe with contusions, hemorrhages, and bone fragments. There are contusions of the superior aspect of the left occipital lobe with patchy sub-arachnoid hemorrhages and blood in the ventricles. The brain is autolytic with a soft consistency.*
7. *Orbital, nasal and aural cavities: Intact.*
8. *Mouth, tongue and pharynx: Intact.*
9. *Neck structures: The neck structures are intact and unremarkable.*

#### CHEST

10. *Thoracic cage and diaphragm: The thoracic cage including ribs and sternum, and diaphragm are intact and unremarkable. There is no perforating or penetrating wound.*
11. *Mediastinum and oesophagus: Intact and unremarkable.*
12. *Trachea and bronchi: Intact and unremarkable.*

13. **Pleurae and lungs:** *Both lungs are intact but show extensive anthracosis and emphysematous changes with bullae, pleural fibrosis and mild pleural adhesions. The lungs are autolytic with a dark red-brown discoloration and loss of consistency.*
14. **Heart and pericardium:** The pericardium and heart are intact with no perforating or penetrating wound. The heart is intact and of normal size and shape. The pericardial sac contains less than 50ml straw-coloured fluid. The atria are normal. The right ventricle is normal. The left ventricle shows no evidence of recent or old ischaemic changes. The heart valves are normal. The coronary arteries have a normal distribution and anatomical position. The coronary ostia occupy a normal anatomical position and are patent. The coronary arteries are widely patent with no significant atherosclerosis present. There is no coronary thrombosis.
15. **Large blood vessels:** The aorta is normal with no significant atherosclerosis present. The carotid arteries are normal with no significant atherosclerosis present. No pulmonary artery thrombo-embolism is present.

**ABDOMEN**

16. **Peritoneal cavity:** There is no fluid in the peritoneal cavity and it appears unremarkable. See paragraph 24 and 25.
17. **Stomach and contents:** Is intact and the stomach is empty.
18. **Intestines and mesentery:** Intact and unremarkable. The intestines are not opened.
19. **Liver, gall-bladder and biliary passages:** The liver is intact and shows no macropathology except for autolysis with discoloration and loss in consistency.
20. **Pancreas:** Is autolytic but shows no macropathology.
21. **Spleen:** The spleen is intact and shows no macropathology except for autolytic changes.
22. **Adrenals:** Is unremarkable and shows no macropathology.
23. **Kidneys and ureters:** Both kidneys are intact and show no macropathology except for autolysis with discoloration and loss of consistency.
24. **Urinary bladder and urethra:** Show extensive hemorrhages in the surrounding structures with signs of bladder perforation, contusions, and bone fragments. See paragraph 25.
25. **Pelvic walls:** *There is a perforating bullet wound with bone fragments through the lateral wall of the right pelvic bone, right and left rami of pelvis associated with lacerations, insignificant hemorrhage, and on X-Ray multiple bullet fragments showing lead snow-storm appearance and three large bullet fragments. A large bullet fragment was found in the soft tissues on the left inguinal area and four small bullet fragments were found within the soft tissues on the left inguinal area and urinary bladder. There is*

*no evidence of lacerations of large pelvic vessels and there was no significant free blood in the pelvis.*

26. **Genital organs:** Normal circumcised male genitalia.

#### SPINE

27. **Spinal column:** Is intact and unremarkable. It was not opened.

28. **Spinal cord:** Not exposed

#### SPECIMENS SENT FOR FURTHER INVESTIGATION

- A. Blood for alcohol content determination was withdrawn from the femoral vessels with a syringe and transferred to a bottle which had been removed from a polystyrene container, after a plastic seal no **PMK070584** was cut. Both the tube and the container were marked **DR566/2012**. After placing the bottle into the polystyrene container, the container was resealed with a new piece of plastic with seal no **PMK070583** and handed to Forensic Officer B Mogakane of Ga-Rankuwa FPS.
- B. Toxicology: Blood from the thorax, liver and kidney were placed in a plastic toxicology box. The box was handed to Forensic Officer B Mogakane and sealed with number **TX012624**.
- C. Buccal and blood swabs for DNA analysis were taken with reference number **PA5000486905** and handed to Forensic Officer B Mogakane Ga-Rankuwa FPS.

#### EXHIBITS

- A. Multiple bullet fragments from the head (1) and pelvis (5) were placed in separate plastic containers which were labeled and sealed in a single evidence collection bag with reference number **FSB-1050997** and handed to Forensic Officer B Mogakane of Ga-Rankuwa FPS.
- B. The clothes were collected in an evidence collection bag with reference number **FSG-394869** and handed to Forensic Officer B Mogakane Ga-Rankuwa FPS.

#### ADDITIONAL OBSERVATIONS

- A. Thoracic organs (lungs and heart) were placed in a plastic container with reference numbers 10642809, number 25 from 46 for analysis.
- B. BI 1663 number A07501068 was completed.

#### OFFICIALS AT THIS AUTOPSY:

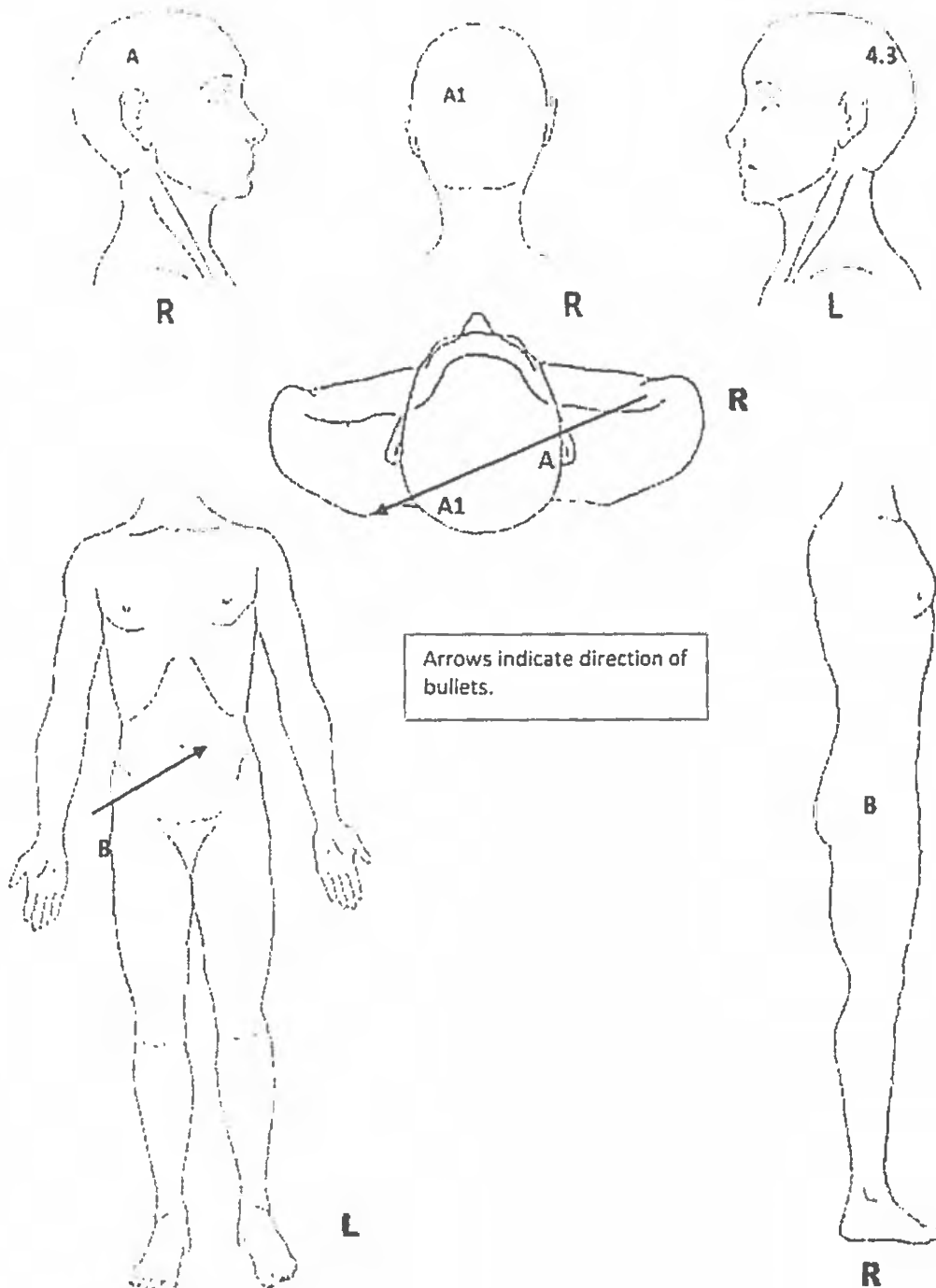
- A. Dr. M du Plessis, a forensic registrar at of Ga-Rankuwa FPS scribed and assisted with collection of specimens (samples) and exhibits.
- B. The dissectors were: Mr. T. P Gaawakgomo (Forensic Officer Phokeng: dissector), Mr. D. Makabe (Forensic Officer Phokeng: dissector), Mr. P. M. Mokgosi (Forensic Officer Phokeng: dissector), and Mr. J. Tiem (Forensic Officer Phokeng: dissector).
- C. SFO S.I. Farhina Persal No. 04227743 was responsible for X-Ray examination of this autopsy.
- D. Forensic Officer B. Mogakane was a 'clean pair of hands' who received all samples and exhibits collected.
- E. Lt. Col. L.W Visser (Forensic Science Laboratory: Ballistics/Photographer)

F. Const. M. I Motloun (LCRC Brits: Photographs)

000043 (9)

DIAGRAM

Diagram of the bullet wounds described in paragraph 4.



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DEATH REGISTER NO PHOKENG 566/2012  
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000044

The content of this declaration is true to the best of my knowledge and belief.

I am aware that should it be submitted as evidence and I know that something appears therein which I know to be false or believe not to be true, I could be liable to prosecution.

1. I know and understand the contents of this declaration.
2. I have no objection to taking the prescribed oath.
3. I consider the prescribed oath to be binding on my conscience.

*[Handwritten signature]*

**Dr K K. Hlase (MBChB, DTM&H, Cert. Med & Law, Dip. For Med, FC For. Path)  
Head of Clinical Unit (Medical), Ga-Rankuwa FPS, and Acting HOD/ Senior Lecturer  
Forensic Pathology DPT, Medunsa Campus of University of Limpopo.**

Place: Ga-Rankuwa (FPS)

Date: 14<sup>th</sup> September 2012

I certify that the deponent has acknowledged that he knows and understands the contents of this declaration which was sworn to before me and the deponent's signature was placed thereon in my presence.

.....  
COMMISSIONER OF OATHS

Full Name (in BLOCK letters):

*[Handwritten signature]*  
*[Handwritten signature]*  
L. M. MATHANGLU

Business Address (In BLOCK Letters):

Medico-Legal Laboratory  
Ga-Rankuwa Hospital  
Box 117 (Room SB 28)  
MEDUNSA  
0204

Designation (Rank): *A.D.* ..... (Department of Health)

PHOTO - HALLWAY

INTELLECTUAL PROPERTY



000077

**SOUTH AFRICAN POLICE SERVICE**

Body number DN566/12

**AUTHORITY TO HAND OVER BODY AND ACKNOWLEDGEMENT OF RECEIPT**

To: The Commander  
Government Mortuary

Phokeng

**PART A**

**AUTHORITY TO HAND OVER BODY**

You are hereby authorised to hand over the body of Thabiso Johannes  
Thelelane.

to f  
of .....

Place Phokeng Makopana Thelelane  
Date 2012-08-20 *(Signature of next of kin or other authorised person)*

Address .....

(Tel. No. 029 0241 369)

**PART B**

**ACKNOWLEDGEMENT OF RECEIPT**

I certify having received the body of .....

properly cleaned, sutured and prepared for burial from the government mortuary at .....

Place .....

Date .....

*(Signature of next of kin, other authorised person or representative of undertaker)*

Address .....

(Tel. No. ....)





SOUTH AFRICAN POLICE SERVICE

IDENTIFICATION OF BODY

\*Station/Government Mortuary Phokeng \*CAS/CR/Serial No. Sbb/12

In printing Makopano Agnes Thelejane

Identity number [redacted] \*an/a \*adult/minor White/Black/Asian/Coloured

\*male/female residing at Marikana [redacted]

On 2012-08-20 at the Government Mortuary, Phokeng

I identified the body of a \*White/Black/Asian/Coloured \*male/female to \*medico legal assistant.....

as being that of Thabiso Johannes Thelejane

Particulars of deceased:

- 1. Identity number [redacted]
- 2. Date of birth 1955-10-30
- 3. Residential address Marikana [redacted]
- 4. Employed at Lanmin Mining western platinum
- 5. Relationship to deponent wife
- 6. Marital status married
- 7. Name and address of \*residence/employment of deceased's \*husband/wife/father/mother/brother/sister/other relative paraballoing village - Eastern cape

"The content of this declaration is true to the best of my knowledge and belief.

I am aware that should it be submitted as evidence and I know that something appears therein which I know to be false or believe not to be true, I could be liable to prosecution."

- 1. I know and understand the contents of this declaration.
- 2. I have objection/no objection to taking the prescribed oath.
- 3. I consider the prescribed oath to be binding/not binding on my conscience.

Makopano Thelejane  
Signature/thumb print/mark

I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to/affirmed before me and that the deponent's signature/thumb print/mark was placed thereon in my presence, at Phokeng (place) on 2012-08-20 (date) at ..... (time).

[Signature]  
(Signature) Commissioner of Oaths

Full first names and surname Joy Anna Mbulwane  
Business address (Street address of Police Station) Salema Section - Phokeng  
Forensic medico legal service

Designation (rank) A/C South African Police Service

\*Delete and initial words not applicable.



1

I.D. No. [REDACTED]

S.A. BURGER/S.A. CITIZEN 000049

VAN/SURNAME  
**THELEJANE**

VOORNAME/FORENAMES  
**THABISO JOHANNES**

GEBORTEDISTRIK OF LAND/  
DISTRICT OR COUNTRY OF BIRTH  
**SOUTH AFRICA**

GEBORTE DATUM/  
DATE OF BIRTH  
**1955-10-30**

DATUM UITGEREIK  
DATE ISSUED  
**1994-11-11**

UITGEREIK OF GESAAG VAN DIE  
DIREKTEUR-GENERAAL  
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE  
DIRECTOR-GENERAL  
HOME AFFAIRS

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

517420843116

1

I.D. No. [REDACTED]

S.A. BURGER/S.A. CITIZEN

VAN/SURNAME  
**THELEJANE**

VOORNAME/FORENAMES  
**MAKOPANO AGNES**

GEBORTEDISTRIK OF LAND/  
DISTRICT OR COUNTRY OF BIRTH  
**SOUTH AFRICA**

GEBORTE DATUM/  
DATE OF BIRTH  
**1959-10-06**

DATUM UITGEREIK  
DATE ISSUED  
**2004-07-20**

UITGEREIK OF GESAAG VAN DIE  
DIREKTEUR-GENERAAL  
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE  
DIRECTOR-GENERAL  
HOME AFFAIRS

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or if particulars of your present address, e.g. name of street and/or street number, etc., have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.



**TEBA Limited**  
RSA Reg No 1902/001680/06

000050

Conditional Agreement of Service

Registration Date: 2011/10/12

Surname: THELEJANE	Employer: FHL CONTRACTING (PTY) LTD	BHY
Other Names: THABISO JOHANNES	Site: WESTERN PLATINUM LIMITED	582
Gender: MALE	Industry No: Z9275792	
Father's Name:	Office: TOM LONMIN CONTRACTORS	9215
Mother's Name:	Serial Number: 7828	Year: 2011
Spouse's Name: MAKOPANO AGNES THELEJANE	Company No:	
Chief / Headman:	Occupation:	
Country: SOUTH AFRICA	Passport No.:	
District: MATATIELE	Passport Expiry Date:	
Language: SOTHO	Identity No: (Did not Pass verification)	
Religion: ROMAN CATHOLIC	Date of Birth: 1955/10/30	
Home Address: PABALLONG HIGH SCHOOL	Marital Status: MARRIED	
[REDACTED]	Dependents: 0	
Living out / Mine Accommodation: [REDACTED]	Education Std Attained: STANDARD 2 PASSED	
MARIKANA WEST SECTION	Qualification:	
MARIKANA	ABET Numeracy Qualification:	
MARIK	ABET Literacy Qualification:	
Emergency Contact: MAKOPANO AGNES THELEJANE	Agreement Period (Weeks): 52	
Death Beneficiary: MAKOPANO AGNES THELEJANE	Agreement Expiry Date: 2012/10/10	
Beneficiary Relation: WIFE	Experience: 111 - NOVICE	
Beneficiary Address: [REDACTED]	Industry Certificate No:	
[REDACTED]	Type of Employment: Underground	
MATATIELE	Employee's Signature or Mark:	
4730		
Beneficiary Contact: [REDACTED]		
Previous Agreement:		
Office:		
Serial Number: Year: [REDACTED]	No. of Weeks on last agreement:	
Date of last discharge:		
Last Employer:		
Endorsements, Vaccinations etc.:		
<p>I accept and agree that my medical exit certificate and radiological reports will be retained by TEBA Ltd and attached to my record of service that is held by TEBA Ltd in its database. Furthermore, I authorise TEBA Ltd to disclose the contents thereof to mining industry officials for possible employment.</p> <p>The employment of the employee is subject to the employee being declared fit by way of an occupational medical examination, and the employee having a satisfactory prior employment record. The employee further authorises and agrees that TEBA Limited may at any time verify his/her fingerprints and ID number with its own database and, that held by the Department of Home Affairs.</p>		
Capturer: MPHO KHABANE	NOT AVAILABLE	
Date Printed: 2012/08/17 04:37:55 PM	566.	