# MARIKANA COMMISSION OF INQUIRY

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Phokeng Government 30 Salema Section Phokeng, 0335

000001 Dr. S.A. NKOSI Tel. (014) 566 4282 drnkosi@vodamail co.za

#### PHOKENG FORENSIC PATHOLOGY SERVICES

# POST MORTEM REPORT OF DR 553/2012

To the Magistrate of: Rustenburg

- I, Sobantu Andrew Nkosi do hereby certify:
  - a) That at: Phokeng Government Mortuary on the 16th August, 2012 commencing at 10:30 I examined the body of: African adult male.
  - b) That this body was identified to me by: Mr Tshepo Gaanakgomo of Phokeng Mortuary as being that of: Tembelakhe Mati.
  - That death took place-

\*as informed on: 13th August 2012 at 14:30.

- d) That the chief post-mortem findings made by me on this body were the following:
- Black adult male with a history of gunshot injuries. Stab wound of right lower buttock. Stab wound of right femoral artery and vein.
  - e) That, as a result of my observation a schedule of which follows, I conclude that the Cause/causes of death was/were:

Stab Wound of Right Femoral Vessels

Dated at Phokeng: 16<sup>th</sup> August, 2012

Signature:.....

Designation: State Pathologist Dr Sobantu Andrew Nkosi

M.B.Ch.B. / (Natal), Dip For Med (CMSA), CML (UNISA/UP)

Personal Fax Number: 086 611 697

Healthy Living for All



000002

# SCHEDULE OF OBSERVATIONS

# **GENERAL**

- height: 1, 72 m mass: 90 kg physique: normal: Nutrition: normal
- 2 Special identifying features
  - Black adult male.
- 3 Secondary post mortem features
  - · Refrigerated body
  - 4 External appearance of body and condition of limbs
    - (a) Wounds
      - (i) Right lower buttock deep penetrating wound by 20 mm x 20 mm and by 330 mm from right popliteal region and by 100 mm from buttock furrow
      - (ii) Superficial wound left cheek by 30 mm x 5 mm
      - (iii) Left eyebrow superficial wound by 20 mm x 5 mm
      - (iv) Abrasion on the right elbow
    - (b) Stab wound of right femoral artery and vein

#### Head and neck

- Skull: Examined and no abnormalities detected.
- Intracranial Contents: Examined and no abnormalities detected.
- Orbital, nasal and aural cavities: Examined and no abnormalities detected.
- Mouth, tongue and pharynx: Examined and no abnormalities detected.
- Neck structures: Examined and no abnormalities detected.

#### Chest

- Thoracic cage and diaphragm Examined and had ahesions.
- Mediastinum and oesophagus: Examined and no abnormalities detected.
- Trachea and bronchi: Examined and no abnormalities detected.
- Both the left and right lungs: Examined and no abnormalities detected.
- Heart and pericardium: Examined and no abnormalities detected.
- Large blood vessels: Examined and no abnormalities detected.





11/mukma CAS: 116/08/2012.

000003

# **Abdomen**

- Peritoneal cavity Examined and were pale.
- Stomach and contents: Examined and were pale.
- Intestines and mesentery: Examined and were pale.
- Liver, gall bladder and biliary passages: Examined and were pale.
- Pancreas: Examined and were pale.
- Spleen: Examined and was shrunken.
- Both the left and right adrenals: Examined and were pale.
- Both the left and right kidneys and ureters: Examined and were pale.
- Urinary bladder and urethra: Examined and were pale.
- Pelvic walls: Examined and no abnormalities detected.
- Genital organs: Examined and no abnormalities detected.

# **Spine**

- Spinal column: Examined and no abnormalities detected.
- Spinal cord: Examined and no abnormalities detected.

#### Specimen Retained

Nature of specimen	Investigation required	Specimen handed to
and the second s		

#### Additional observation

None



R Healthy Living for All

3



SAPS 378



000004

.......... South African Police Service.

# SOUTH AFRICAN POLICE SERVICE

GOVERNMENT MORTUARY	PHOKE NG	SERIA	LNO. DR 553/12
AFFIDA	VIT IN TERMS OF SECTIO	N 212 (4)—ACT 5	1 OF 1977
qualifications	SOBANTU A  B(NATAL) DIP FOR  SALEMA SECTO  tate as a *district surgeon/pathology	MED (CONTA ON PHOE Ogist at PHOK	eng frs fro
	the body/corpse of		
1		_	12/01/10
and identified as the body	or Tembelakine	- ANAF	п
On (date) 2012 - 0 recorded my findings on at skill in *biology/anatomy/	tached form (GW 7/15), which fact and pathology.	ted a post-mortem example ts I ascertained by mea	mination on the said body and ins of an examination requiring
been made in the knowle	t of this statement is true to the bedge that if it were tendered as tanything which I know is false o	evidence in court I w	rould be liable to prosecution
2. I *have/have no obje	nd the content of this statement. action to taking the prescribed oat bed oath to be binding on my cor		: N
2012-08-16 Date		Distric	t Surgeon/Pathologist
T .	ent has acknowledged that *he vorn to/affirmed before me and th		
Place PHOKE	NG Trush	Con	nmissioner of Oaths
Full names and surname	31 Jay San	Carrie	Unterto ElC
Business address (block I	etters)	SECREDY!	riuceny 713

Dolete words not applicable.

Designation (rank) + ACILITY -

000005 SAPS 377



# SOUTH AFRICAN POLICE SERVICE

# **IDENTIFICATION OF BODY**

	Station/Government Mortuary PNOT-R-9 CAS/CR/Serial NOXSS3.//2
	1. Kaderuna Mtshisazwe
	Identity number an/a -adult/miner -White/Black/Asian/Coloured
	- Novike Strange residing at Word 84/601-
	on 2012 OB -16 at the Government Mortuary, Charles of the Government Mortuary and Charles of the Gover
	I identified the body of a 'White/Black/Asiani/Coloured 'male/female to 'medico legal assistant
	Sto Sangkaomo
	as being that of Tembelakne maki
	Particulars of deceased:
	1. Identity number 2. Date of birth 19123-10-10
	3. Residential address Warneettop
	4 Employed at Lawwin
	5. Relationship to deponent Sandly Chend 6. Marital status Mountled
	7. Name and address of *residence/employment of deceased's *husband/wife/lather/mother/brother/sister/other
	relative FOSERIN COTE
	***************************************
	"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."
100	<ol> <li>I know and understand the contents of this declaration.</li> <li>I have objection/no objection to taking the prescribed oath.</li> <li>I consider the prescribed oath to be binding/not binding on my conscience.</li> </ol>
	A. Cours
	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
	at(time).
	(Signature) Commissioner of Oaths
	(Signature) Commissioner of Oaths
	Full first names and surname 1999 111111
	Full first names and surname Son Anna Mulwane  Business address (Street address of Police Station) Schleving Section - Pholographic Contended Medico Jegal Service
	Designation (rank)
	*Delete and initial words not applicable.

# CERTIFICATION OF DEATH

000006

# SOBANTU ANDREW NKOSI MB CHB (NATAL)

# DISTRICT SURGEON:

HEREBY CERTIFY THAT:

On 2012-08-13 at Manifequa. I examined
the body of a/an Male (ehild/adult/sex)
Namely Tembelative Mati (Name of deceased if known) at
my surgery at Tlhabanc.
According to <u>GRO Baanakao MO</u> The body was
involved in Sun Shok Mva/ murder / suicide
I declare the body as deceased.
During the examination, the deceased did not sustain any injuries.

SA NKOSI MB CHB (NATAL) DISTRICT SURGEON: TLHABANE



WE LOR 115.





Phokeng Government Mortuary 30 Salema Section Phokeng, 0335

Dr. S A. NKOSI Tei: (014) 566 4282 drnkosi@vodamail.co.za

000007

#### PHOKENG FORENSIC PATHOLOGY SERVICES

# POST MORTEM REPORT OF DR 555/2012

To the Magistrate of: Rustenburg

- I, Sobantu Andrew Nkosi do hereby certify:
  - a) That at: **Phokeng Government Mortuary** on the **16**<sup>th</sup> **August, 2012** commencing at **08:15** I examined the body of: **African adult male.**
  - b) That this body was identified to me by: **Mr Tshepo Gaanakgomo of Phokeng Mortuary** as being that of: **Pumzile Sokanyile.**
  - c) That death took place-

\*as informed on: 13th August 2012 at 14:30.

- d) That the chief post-mortem findings made by me on this body were the following:
- Black adult male with a history of gunshot injuries. Gunshot wound left cheek entrance wound. Gunshot exit wound left neck. Gunshot neck spinal cord injuries.
  - e) That, as a result of my observation a schedule of which follows, I conclude that the Cause/causes of death was/were:

Gunshot neck Injuries.

Dated at Phokeng: 16th August, 2012

Signature: ( )

Designation: State Pathologist
Dr Sobantu Andrew Nkosi

M.B.Ch.B. / (Natal), Dip For Med (CMSA), CML (UNISA/UP)

Personal Fax Number: 086 611 697

Healthy Living for All



1

# SCHEDULE OF OBSERVATIONS GENERAL

0000018

1 .H<u>eight</u>: 1, 55 m. <u>Mass</u>: 65 kg.

Physique: Normal. Nutrition: Normal.

# 2 Special identifying features

Black male male - white overall.

# 3 Secondary post mortem features

Refrigerated body.

# External appearance of body and condition of limbs

- i. <u>Gunshot entrance wound</u> Left cheek of 15 mm x 10 mm and 35 mm from left earlobe and 140 mm from the left clavicle.
- ii. Gunshot exit wound Nape of the right neck, of 5 mm x 5 mm and 100 mm from left earlobe, 80 mm from the shoulder.
- iii. Abrasions on the left forehead.

# Head and neck

- Skull: Examined and no abnormalities noted.
- Intracranial Contents: Examined and had cerebellar haemorrhage.
- Orbital, nasal and aural cavities: Examined and no abnormalities noted.
- Mouth, tongue and pharynx: Examined and no abnormalities noted.
- Neck structures: Examined and had neck cord gunshot.

# Chest

- Thoracic cage and diaphragm: Examined and no abnormalities noted.
- Mediastinum and oesophagus: Examined and no abnormalities noted.
- Irachea and bronchi: Examined and no abnormalities noted.
- Both the left and right lungs: Examined and no abnormalities noted.
- Heart and pericardium: Examined and no abnormalities noted.
- Large blood vessels: Examined and no abnormalities noted.





000009

# **Abdomen**

- Peritoneal cavity Examined and no abnormalities detected.
- Stomach and contents: Examined and no abnormalities detected.
- Intestines and mesentery: Examined and no abnormalities detected.
- <u>Liver, gall bladder and biliary passages</u>: Examined and no abnormalities detected.
- Pancreas: Examined and no abnormalities detected.
- Spleen: Examined and no abnormalities detected.
- Both the left and right adrenals: Examined and no abnormalities detected.
- Both the left and right kidneys and ureters: Examined and no abnormalities detected.
- Urinary bladder and urethra: Examined and no abnormalities detected.
- Pelvic walls: Examined and no abnormalities detected.
- Genital organs: Examined and no abnormalities detected.

#### **Spine**

- Spinal column: Examined and had gunshot spinal column of neck.
- Spinal cord: Examined and had gunshot spinal cord.

# Specimen Retained

Nature of specimen	Investigation required	Specimen handed to

#### Additional observation

None

Healthy Living for All

3



[ Manukinnis Cirs: 1:5-/0x/2012

SAPS SAPD 378



000010

#### SOUTH AFRICAN POLICE SERVICE

GOVERNMENT MORTUARY PHOKE NG	SERIAL NO. DRISS 12
AFFIDAVIT IN TERMS OF SECTION 212 (4)—	ACT 51 OF 1977
qualifications MECLB (NATAL) DIP FOR MED CO	MKOSI mata ) Conc (hasen fup)
official address 31 SALEMA SECTION PF state:	she of
I am in the service of the State as a *district surgeon/pathologist at	Dieny
On the body/corpse of a *White/Black	/As <del>ian/Brown</del> *male/female bearing
number DR	Saanakgomo
and identified as the body of 2 MMZ 1/2 SOCOMULTE	1
On (date) 2012 0 1 conducted a post-morter recorded my findings on attached form (GW 7/15), which facts I ascertained skill in *biology/anatomy/ and pathology.	em examination on the said body and by means of an examination requiring
"I declare that the content of this statement is true to the best of my know been made in the knowledge that if it were tendered as evidence in co if I have wilfully stated in it anything which I know is false or which I do not	ourt I would be liable to prosecution
<ol> <li>I know and understand the content of this statement.</li> <li>I *have/have no objection to taking the prescribed oath.</li> <li>I consider the prescribed oath to be binding on my conscience.</li> </ol>	:
	1/1
2012-08-16 Date	District Surgeon/Pathologist
I certify that the deponent has acknowledged that *he/she knows at declaration which was *sworn to/affirmed before me and the deponent's sign thereon in my presence.	
Date 2012 OB-16. Place PHOKENG	Commissioner of Oaths
Full names and surname (block letters) THERS SELIC	
Business address (block letters) 31 Sausna Geran	, Hokery FPS
Designation (rank) FACILITY - MANAGER	South African Police Service.

Delete words not applicable.

**SAPS 377** 

000011



# SOUTH AFRICAN POLICE SERVICE

# IDENTIFICATION OF BODY

Station/Government Mortuary	hokey		AS/CR/Serial No. DRSDS//2
In printing Maniseni			
Identity number		an/a-radult/ <del>rninor</del> -W	hite/Black/Asian/Coloured
male/female residing at Room			
on 15/08/12	*State under oath/ at the Govern	confirm Iment Mortuary,	hopes
I identified the body of a White/Black		/female to *medico leg	al assistant
3 === 19	240	*************************	uque ugudeeenudeeenudeenudeenudeenudeenudeenu
as being that of	Dokanylle	11.000.000.000.000.000.000.000.000.000.	a.ex
Particulars of deceased:			1011
1. Identity number.		2. Date of birth	1964-05-21
3. Residential address 1000			*  \$4+4 <b>*</b>    \$4 <b>*****</b>   \$ <b>**</b>
4 Employed at Karee Mi	ne- K3#	- K.d.O	
5. Relationship to deponent	her	6. Marital statu	s Marned-Custon
7. Name and address of *residence/e	employment of decease	d's husband/wife/fathe	er/mother/brother/sister/other
relative &- Gpe -	Nxeleni	************************	***************************************
			***********************************
"The content of this declaration is	s true to the best of my	knowledge and belief	
I am aware that should it be subn to be false or believe not to be true, I	nitted as evidence and could be liable to pros	know that something a	appears therein which I know
I know and understand the control in the contr	to taking the prescribe	d oath.	
al her		X RtP	Market Comments of the Comment
	-1+1	************	www.prinVmark
I certify that the deponent has declaration which was sworn to/affin	acknowledged that he	she knows and unde	erstands the contents of this
placed thereon in my presence, at			
at Oo(time).		1	1
		A	
		(Signature) Cor	nmissioner of Oaths
Full first names and surname	Ernest	Matcheus	Thank
Business address (Street address of	Police Station)3.1	Salema	Secho
Business address (Street address of	Medica la	34/ Seme	·
Designation (rank).	16	South African Police Sc	anica
*Delete and initial words not applicable.	The same and a second		

000012

# CERTIFICATION OF DEATH

# SOBANTU ANDREW NKOSI MB CHB (NATAL)

# DISTRICT SURGEON:

HEREBY CERTIFY THAT:

On 2012-08-13 at Marikavia . Texamined
the body of a/an Awiron Male (child / adult / sex)
Namely <u>PWW2112</u> Sokanijle(Name of deceased if known) at
my surgery at Tlhabane.
According to SPO Gaana kaomo The body was
involved in Can Shot Mva / murder / suicide
I declare the body as deceased.
During the examination, the deceased did not sustain any injuries.

SA NKOSI MB CHB (NATAL) DISTRICT SURGEON: TLHABANE



Cas 113/02/3017



1



Phokeng Government Mortuary 30 Salema Section Phokeng, 0335 Dr S A. NKOSI Tel: (014) 566 4282 drnkosi@vodamail.co.za

#### PHOKENG FORENSIC PATHOLOGY SERVICES

# POST MORTEM REPORT OF DR 554/2012

To the Magistrate of: Rustenburg

- I, Sobantu Andrew Nkosi do hereby certify:
  - a) That at: Phokeng Government Mortuary on the 16<sup>th</sup> August, 2012 commencing at 09:15 I examined the body of: African adult male.
  - b) That this body was identified to me by: **Mr Tshepo Gaanakgomo of Phokeng Mortuary** as being that of: **DR 554/12.**
  - c) That death took place-

\*as informed on: 13th August 2012 at 14:30.

- d) That the chief post-mortem findings made by me on this body were the following:
- Black adult male with a history of gunshot injuries. Lumbar spinal column and cord injuries. Gunshot mesenteric and intestinal injuries. Subdural, sub- arachnoid and intraventricular haemorrhages. Fracture left humerus.
  - e) That, as a result of my observation a schedule of which follows, I conclude that the Cause/causes of death was/were:

**Gunshot - Multiple Injuries** 

Dated at Phokeng: 16th August, 2012

Designation: State Pathologist
Dr Sobantu Andrew Nkosi

M.B.Ch.B. / (Natal), Dip For Med (CMSA), CML (UNISA/UP)

Personal Fax Number: 086 611 697

Healthy Living for All



# SCHEDULE OF OBSERVATIONS

# **GENERAL**

- height: 1, 66 m mass: 70 kg physique: normal: Nutrition: normal
- 2 Special identifying features
  - Black adult male. Green t- shirt, grey trouser, brown shirt
- 3 Secondary post mortem features
  - Early signs of decomposition
  - 4 External appearance of body and condition of limbs
    - (a) GUNSHOT WOUNDS
      - (i) Left upper axilla by 10 mm x 10 mm
      - (ii) Right iliac fossa by 10 mm x 10 mm and by 90 mm from right iliac crest
    - (b) EXIT wound
      - (i) Left posterior shoulder by 10 mm x20 mm
    - (c) Laceration on the left axilla by 50 mm x 20 mm
    - (d) Fracture on the left humerus
    - (e) Bullet lodged in lumbar on the region and retrieved

#### Head and neck

- **Skull**: Examined and had left sub aponeurotic haemorrhages.
- <u>Intracranial Contents:</u> Examined and had subdural, sub arachnoid and intra ventricular haemorrhages.
- Orbital, nasal and aural cavities: Examined and no abnormalities detected.
- Mouth, tongue and pharynx: Examined and no abnormalities detected.
- Neck structures: Examined and no abnormalities detected.

#### Chest

- Thoracic cage and diaphragm Examined and no abnormalities detected.
- Mediastinum and oesophagus: Examined and no abnormalities detected.
- Trachea and bronchi: Examined and no abnormalities detected.
- Both the left and right lungs: Examined and no abnormalities detected.
- Heart and pericardium: Examined and no abnormalities detected.
- Large blood vessels: Examined and no abnormalities detected.







# **Abdomen**

- Peritoneal cavity Examined and no abnormalities detected.
- Stomach and contents: Examined and had gunshot mesenteric lacerations.
- Intestines and mesentery: Examined and no abnormalities detected.
- Liver, gall bladder and biliary passages: Examined and no abnormalities detected.
- Pancreas: Examined and no abnormalities detected.
- Spleen: Examined and no abnormalities detected.
- Both the left and right adrenals: Examined and no abnormalities detected.
- Both the left and right kidneys and ureters: Examined and no abnormalities detected.
- Urinary bladder and urethra: Examined and no abnormalities detected.
- Pelvic walls: Examined and had gunshot pelvic injuries.
- Genital organs: Examined and no abnormalities detected.

#### **Spine**

- Spinal column: Examined and had gunshot lumbar spine injuries.
- Spinal cord: Examined and had gunshot lumbar spinal cord injuries.

#### Specimen Retained

Nature of specimen	Investigation required	Specimen handed to
Bullet	Ballistic	Lieutenant Colonel Botha

#### Additional observation

None





Healthy Living for All



000016

# CERTIFICATION OF DEATH

# SOBANTU ANDREW NKOSI MB CHB (NATAL)

# DISTRICT SURGEON:

HEREBY CERTIFY THAT:

On 2012-08-13 at Monthann. I examined
the body of a/an Abilton Male (child/adult/sex)
Namely Semi Tokanisi (Name of deceased if known) at
my surgery at Tlhabane.
According to 800 Saanakaomo The body was
involved in Sun Snot Mval murder / suicide
I declare the body as deceased.
During the examination, the deceased did not sustain any injuries.

SA NKOSI MB CHB (NATAL) DISTRICT SURGEON: TLHABANE

G.P.-S. 0/02-0397

. ///mukinvit Cirsi 117/05/2012.



SAPS 378 AI

# SOUTH AFRICAN POLICE SERVICE

GOVERNMENT MORTUARY PHOKE NG	SERIAL NO. DR SSQ 1/2
AFFIDAVIT IN TERMS OF SECTION 21	2 (4)—ACT 51 OF 1977

! (full names and surname) SOBANTU AV	SREW NKOSI
qualifications MECLB (NATAC) DIP FOR M	ED (Conta) Con Christiap
official address 31 Salema SECTION	PHOLENG TPS PHON
state: I am in the service of the State as a *district surgeon/pathologist	+ Hokensy
On 2012-08-16 the body/corpse of a *W	
number DR	
and identified as the body of Semi Sokanis	3
On (date)	post-mortem examination on the said body and scertained by means of an examination requiring
"I declare that the content of this statement is true to the best of been made in the knowledge that if it were tendered as evid if I have wilfully stated in it anything which I know is false or whi	ence in court I would be liable to prosecution
<ol> <li>I know and understand the content of this statement.</li> <li>I *have/have no objection to taking the prescribed oath.</li> <li>I consider the prescribed oath to be binding on my conscient</li> </ol>	ce.
	~ 1/ /
2012 -08-16 Date	District Surgeon/Pathologist
I certify that the deponent has acknowledged that *he/she declaration which was *sworn to/affirmed before me and the depthereon in my presence.	knows and understands the content of this
Date 2012 08-16.	00 -
Place HOKENG	Commissioner of Oaths
Full names and surname (block letters)	EKNUTED
Business address (block letters)	scrow, Hokeny FTS
Designation (rank) TACILITY - MANAS	South African Police Service.

<sup>\*</sup> Delete words not applicable.

MANGEMA 6 17/08/2012

107.18 As

SOUTH APPLICAN POLICE SERVICE

PENTIFICATION OF BODY
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WEINENKON JEKANISI
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#### DEATH REGISTER No. PHOKENG 565/2012

A576

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#### REPUBLIC OF SOUTH AFRICA

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#### MEDICO LEGAL POST-MORTEM REPORT

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#### 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 11h30, I examined the body of a BLACK MALE ADULT marked DR No. PHOKENG 565/2012. 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 565/2012 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. Multiple gunshot wounds of the chest, abdomen, and thighs with one wound perforating the chest cavity, no perforation of the abdomen cavity, and multiple wounds perforating both right and left femoral vessels and thighs. Chest wounds enter in front of the chest, abdominal wound enter in front or on the side, and wounds on the thighs enter in front and at the back. One bullet was discovered within the clothes, a bullet and two bullet fragments were retrieved from the tissues of the thighs. Approximately 12 wounds were identified as entrance wounds, and all had no signs of range of fire. The features of most of the wounds were consistent with those caused by a high-velocity firearm. There were no shotgun wounds on this body.
  - There are no other significant forms of injury other than the gunshot wounds.
  - 3. Multiple two-parallel fresh scarification marks on the torso and limbs, mostly on the joint areas. Early decomposition present.
  - 4. Relevant specimens and exhibit collected are detailed at the end of this report.
  - 5. SAP 180 stated that the deceased was shot.
- 5. That as a result of my observations I concluded that the cause of death was:

MULTIPLE GUNSHOT WOUNDS OF THE CHEST AND THIGHS

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#### DEATH REGISTER No. PHOKENG 565/2012

#### SCHEDULE OF OBSERVATIONS:

Normal

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#### **GENERAL**

Physique:

1. Height: 1.79 m

Mass:

62.8 kg

Nutrition: See paragraph 4.

2. Special identifying features: Young Adult black male with a 26cm laparotomy scar, and copy of identity document showed him to be Mr Thobile Mpumza, approximately 26 years old with dreadlocks of the hair. At the commencement of the autopsy the deceased is wearing a cream-and-black 'Lonmin 1B/4B# 6 million FFS' jacket; white vest which has been cut; blue denim; brown belt; red boots; black underpants and a pair of 'Jockey' underwear. There is an elastic band of the right upper arm. There is a reddish plastic bag band around the right leg, below the right knee. The denim is blood stained in the front over the genital area.

#### There are multiple bullet defects on the clothing:

#### 2.1 The following defects are noted of the jacket:

- There is one defect of the right anterior side of the jacket.
- There is approximately 5 bullet defect of the left anterior side of the jacket. The spread of these bullet defects is approximately 21 cm x 15 cm.
- The back of the jacket is blood stained.
- There is a 2 cm x 1 cm bullet defect with everted fibers of the right posterior side.
- There is a 1 cm x 1 cm bullet defect with everted fibers of the left posterior side.
- There is a 3 cm x 2 cm bullet defect of the left posterior lower edge of the jacket.
- There are 3 defects, each 1 cm slit like on the left posterior lower edge of the jacket.
- There are 3 defects, ranging in size from 1cm to 1.5cm, with everted fibres on the left Elbow.

#### 2.2 The following defects are noted on the pants:

- There is a 4 cm x 2 cm defect with everted fibers of the anterior left thigh aspect of the pants.
- There is 1cm small defect of the front right thigh area of the pants.
- There is a 1 cm x 1.5 cm defect over the genital area.
- There is a 2 cm x 1 cm defect with everted fibers of the inner right thigh.
- There is a 1 cm x 1 cm defect at the anal area.
- There is a 1 cm slit like defect of the left medial thigh.
- There is a 12 cm tear of the left medial thigh.
- There is a single defect of the posterior left thigh.

No soot or grease staining was identified on any of the clothes on the deceased.

3. Secondary post-mortem changes: Body refrigerated. Flaccidity is present. There is early autolytic changes with subtle blue-greenish skin discoloration and marbling of face and neck areas together with skin slipping on thighs. There is early autolysis of all the internal organs with flabbiness and soft consistency present.





- 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 a collar of abrasion on the left anterior chest wall, 3 cm to the left of the anterior midline and 20 cm below the shoulderline. There is no sign of range of fire on this wound. The features of this wound are consistent with a gunshot entrance wound.
- **4.2** (Wound B): There is a 0.5 cm x 0.8 cm oval-shaped superficially-penetrating bullet wound with an eccentric grooving collar of abrasion in the left armpit, 14 cm below the shoulder line. There is no sign of range of fire on this wound. The features of this wound are consistent with a gunshot entrance wound.
- **4.3** (Wound C): There is a 3.5 cm x 1 cm gutter/grazing bullet wound with a rim of abrasion on the left side of epigastrium of abdomen, 4 cm left on the anterior midline and 38 cm below the shoulder line. There is no sign of range of fire on this wound.
- **4.4** (Wound D): There is a 0.8 cm x 0.5 cm oval-shaped superficially penetrating bullet wound with a broad collar of abrasion on the lateral aspect of the left flank of abdomen, 15 cm left of the anterior midline and 39 cm below the shoulder line. There is no sign of range of fire on this wound.
- **4.5 (Wound E):** There is a 0.5 cm x 0.5 cm irregular-shaped superficially penetrating bullet wound with a collar of abrasion on the lateral aspect of the left flank of the abdomen, 20 cm left of the anterior midline and 42 cm below the shoulder line. There is no sign of range of fire on this wound.
- **4.6 (Wound F):** There is a 1 cm x 1 cm oval-shaped penetrating bullet wound with a collar of abrasion on the anterior aspect of left thigh, 25 cm above the left knee. There is no sign of range of fire on this wound. The features of this wound are consistent with a gunshot entrance wound.
- **4.7 (Wound G):** There is a 0.6 cm x 0.6 cm irregularly-shaped penetrating bullet wound with a collar of abrasion on the medial aspect of the right thigh, 21 cm above the knee. There is no sign of range of fire on this wound. The features of this wound are consistent with a gunshot entrance wound.
- 4.8 (Wound H): There is a 2 cm x 1 cm irregular-shaped bullet wound on the antero-medial aspect of the left forearm, 10 cm below the left elbow. There is a 2 cm x 0.5 cm slit-shaped penetrating bullet wound on the posterior aspect of the left forearm, 18 cm below the left elbow. The track of this wound perforates left forearm in a front to back direction and downwards.
- **4.9 (Wound I):** There is a 1.5 cm x 1 cm irregular-shaped penetrating bullet wound on the posterior aspect of the right chest wall, 6 cm right of the posterior midline and 25 cm below the shoulder line. The features of this wound are consistent with an exit wound.
- **4.10 (Wound J):** There is a 1 cm x 1.5 cm irregular-shaped superficially penetrating bullet wound on the posterior aspect left chest wall, 16 cm left of the posterior midline and 17 cm below the shoulder line. The features of this wound are consistent with an exit wound.
- **4.11 (Wound K):** There are two slit-shaped penetrating bullet wounds, each measuring 1cm, in the middle of the lower quadrant of the left buttock, 35 cm above the left knee. These wounds are consistent with bullet exit wounds.
- **4.12** (Wound L): There is a 1.5 cm x 1.2 cm oval-shaped penetrating bullet wound with a collar of abrasion on the lateral upper quadrant of the left buttock, 48 cm above the left knee. There is no sign of range of fire on this wound. This wound is consistent with a bullet entrance wound.



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- **4.13 (Wound M)**: There is a 2 cm x 1.5 cm irregular-shaped penetrating bullet wound on the lateral aspect of the left thigh, 22 cm above the left knee. The wound is consistent with a bullet exit wound.
- **4.14 (Wound N):** There is a 0.5 cm x 0.5 cm round-shaped penetrating bullet wound on the lateral aspect of the left thigh, 20 cm above the left knee. There is no sign of range of fire on this wound. The wound is consistent with an entrance wound.
- **4.15 (Wound O):** There is a 0.5 cm x 0.5 cm oval-shaped penetrating bullet wound with a collar of abrasion on the posterior aspect of the left thigh, 17 cm above the left knee. There is no sign of range of fire on this wound. The wound is consistent with an entrance wound.
- **4.16** (Wound P): There is a 4 cm x 5 cm ragged-shaped gaping penetrating bullet wound on the postero-medial aspect of the left thigh, 24 cm above the left knee. The wound is consistent with an exit wound.
- **4.17** (Wound Q): There is a 0.5 cm x 0.5 cm round-shaped penetrating bullet wound with a collar of abrasion on the postero-medial aspect of the left thigh, 2 cm posterior to Wound P above. There is no sign of range of fire on this wound. The wound is consistent with a bullet entrance wound.
- **4.18** (Wound R): There is a 0.5 cm x 0.5 cm round-shaped penetrating bullet wound with a collar of abrasion on the posterior aspect of the right thigh, 14 cm above the right knee. There is no sign of range of fire on this wound. The wound is consistent with an entrance wound.
- **4.19 (2 Bullet fragments S):** Two bullet fragments (Jackets) removed from the muscles on the posterior aspect of the right thigh, 4cm superior to **Wound R** above, with an associated skin bruise. These bullet fragments were packed in a container labeled 'S' and into bullet exhibit bag.
- **4.20** (Wound T): There is a 1.5 cm x 3 cm ragged-shaped gaping perforating bullet wound on the anterior aspect of the right thigh, 25 cm above the right knee. The wound is consistent with an exit wound.
- **4.21** (Spent bullet V): One bullet was retrieved from the soft tissue/muscles on the anterior aspect of the left thigh, just below wound F, this bullet was packed in container labeled 'V' and into bullet exhibit bag.
- **4.22 (Spent bullet 'CLOTHES'):** A spent bullet with pointed end and showing deformation was discovered within the clothes on undressing of the deceased, this bullet was packed in a container labeled 'clothes' into bullet exhibit bag.
- 4.23 X-Ray examination was performed before evisceration of organs and showed:
  - a. A Spent bullet on anterior aspect of the right thigh.
  - b. Two large bullet fragments on the posterior aspect of the left thigh.
  - c. Lead snow-storming showering appearance on both thighs with multiple tiny irretrievable bullet fragments.
  - d. Few irretrievable bullet fragments on chest.

#### 4.24 Tracks of wounds:

- a. Wounds A and I: Wound A and wound I are joined by a track of wound through the chest, from wound A to wound I. The direction is from front to back, left to right and slightly downwards. In its path, it perforates the left 4<sup>th</sup> costosternal cartilage anteriorly, the right ventricle of the heart, the lower lobe of the right lung, the right 9<sup>th</sup> intercostals space posteriorly, and exits through wound I.
- b. Wounds B and J are joined by a superficially perforating bullet wound through the soft tissues on the lateral side of the left chest wall without penetrating or



- perforating the chest cavity, entering through wound B and exiting through wound J.
- c. Wounds **D** and **E** are joined by superficially perforating bullet wound through the soft tissues of the lateral aspect of the left flank of abdomen without penetrating or perforating the peritoneal cavity, entering through wound **D** and exiting through wound **E** or vice versa (the two wounds are similar).
- d. Wounds F.G, and K to V: Because of multiplicity, close proximity and possible crossover, the accurate wound track description of these wounds / bullet / bullet fragments cannot be established, but the following was established:
  - Wounds F, G, L, N, O, Q, and R are consistent with bullet entrance wounds.
  - Wounds K, M, P and T are consistent with bullet exit wounds.
  - One bullet and two bullet fragments were found in the thighs.
  - One bullet was found within the clothes.
- **4.25** There are multiple two-parallel fresh scarification marks on the torso and limbs, mostly on the joint areas.
- **4.26** There are multiple tiny contusions, of different sizes and shapes, on the whole anterior aspect of the chest wall involving anterior aspect of the shoulders. The features of these contusions are not consistent with tattooing of close range gunshot; it might be secondary missiles or as a result of a fall etc.
- **4.27** There is a 2cm non-bullet superficial laceration of the hypothenar area of the right hand.
- 4.28 There are no other wounds on the skin.
- 4.29 See diagram at the end of the report.
- 4.30 SAP 180 stated that the deceased was shot.

#### **HEAD AND NECK**

- 5. Head: There is no subscalp hemorrhage present. The skull and mandible is intact.
- 6. Brain: Is intact. There is no epidural, subdural or subarachnoid haemorrhage is present. The blood vessels at the base of the brain are normal with no dilatations or aneurysms present. No contusions of the brain are present. No herniation of the brain is present. Serial coronal sections of the brain with 1cm thickness show no old or recent pathological changes. The cerebellum and brain stem are normal. Mass: 1 600 gram.
- 7. Orbital, nasal and aural cavities: Intact and unremarkable.
- 8. Mouth, tongue and pharynx: Intact and unremarkable.
- 9. Neck structures: The neck structures are intact and unremarkable.

#### CHEST

10. Thoracic cage and diaphragm: There is a perforating bullet wound through the left 4<sup>th</sup> costosternal cartilage with inverted spicules and soft tissue hemorrhage but no soot deposition. There is also a perforating bullet wound through the right 9<sup>th</sup> intercostal





space posteriorly with soft tissue hemorrhage. There is approximately 1000milliliters of free blood in the chest cavities. Diaphragm is intact.

- 11. Mediastinum and oesophagus: Intact and unremarkable.
- 12. Trachea and bronchi: Intact and unremarkable.
- 13. Pleurae and lungs: There is a large gaping perforating bullet wound of the lower lobe of the right lung. The left lung is intact. Both lungs are mottled. There is autolysis of the lungs present with a dark red-brown discoloration and loss in consistency. Right lung: 250 gram, Left lung: 200 gram
- 14. Heart and pericardium: There is a shattering bullet perforation of the pericardium and right ventricle with extensive lacerations. The coronary arteries are patent. The atria are intact. There is autolysis with discoloration present. Mass: 300 gram
- 15. Large blood vessels: There is complete transecting bullet laceration through the right femoral artery with surrounding hemorrhages. There is a bullet laceration of the left femoral vessels of the left thigh with surrounding hemorrhages. The Aorta and vena cava are intact. There is no pulmonary thrombo-embolism.

#### **ABDOMEN**

- 16. Peritoneal cavity: Peritoneum is intact with no penetrating or perforating wound.
- 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: Liver is intact but shows autolysis of the liver with discoloration and loss in consistency. There is no macropathology.
- 20. Pancreas: Unremarkable.
- 21. Spleen: The spleen is intact with autolytic changes.
- 22. Adrenals: Unremarkable.
- 23. Kidneys and ureters: Kidneys are intact but show autolysis of the kidneys with discoloration and loss of consistency.
- 24. Urinary bladder and urethra: Empty, intact and unremarkable.
- 25. Pelvic walls: Intact and unremarkable.
- 26. Genital organs: Normal male genitalia.

SPINE



27. Spinal column: Is intact. 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 PMK070530 was cut. Both the tube and the container were marked DR565/2012. After placing the bottle into the polystyrene container, the container was resealed with a new piece of plastic with seal no PMK070529 and handed to Forensic Officer B Mogakane.
- B. TOXICOLOGY: Blood from the femoral vessels, liver, urine and kidney were placed in a plastic box. The box was handed to Forensic Officer B Mogakane and sealed with number TX000154.
- C. Buccal and blood swabs for DNA analysis were taken with reference number PA5000486914and handed to Forensic Officer B Mogakane.

#### **EXHIBITS**

- A. Builet/bullets fragments from the clothes and thighs were placed in a plastic container which was labeled clothes, V and S, and sealed in an evidence collection bag with reference number PA6000202158G and handed to Forensic Officer B Mogakane.
- B. The clothes were collected in an evidence collection bag with reference number FSG-394880.

#### ADDITIONAL OBSERVATIONS:

- A. The thoracic organs (lungs and heart) were placed in a plastic container with reference number 10642809, number 18 from 46 for analysis.
- B. Death notification number BI-1663 A0750167 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 Motloung (LCRC Brits: Photographs).



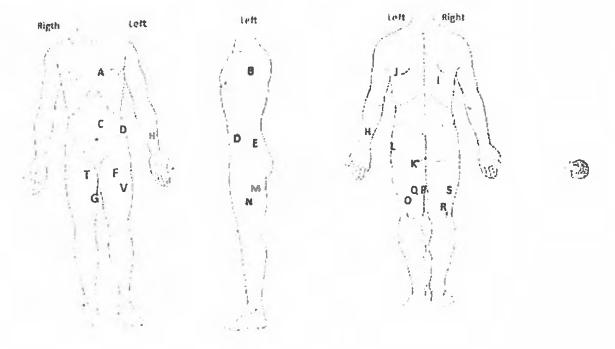


# DEATH REGISTER No. PHOKENG 565/2012

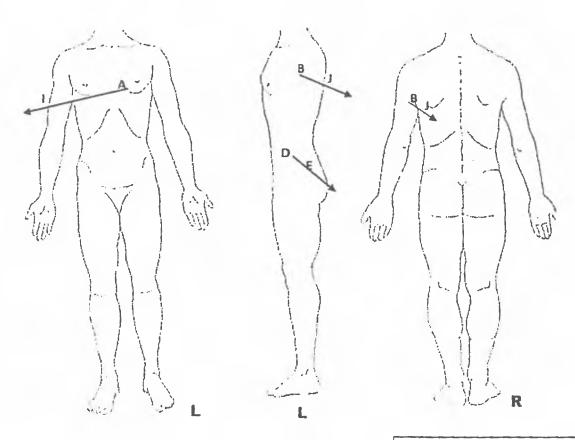
DIAGRAM

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Diagram of the bullet wounds described in paragraph 4.







Arrows indicate the direction of the bullet.





#### DEATH REGISTER No. PHOKENG 565/2012

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

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I am aware that should it be submitted as evidence and I know that something appears therein which I know to be false of 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.

/c/c/florering

Dr K K. Hlaise (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: 14th 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):

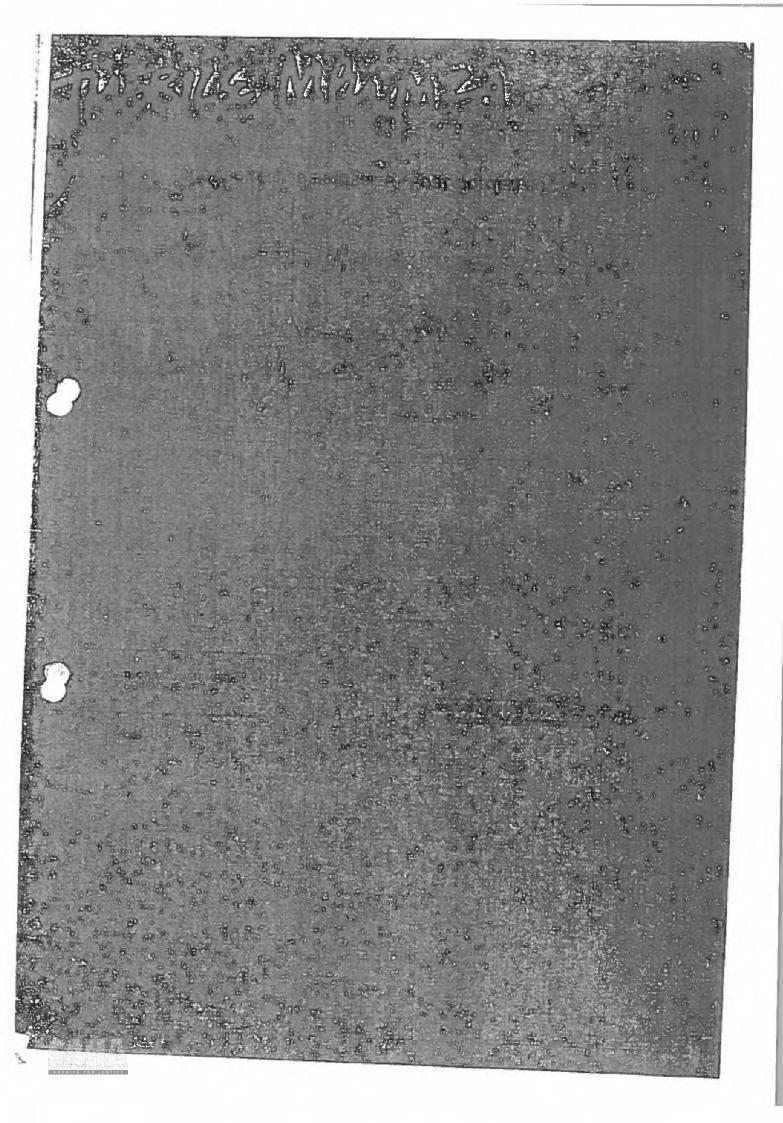
Business Address (In BLOCK Letters):

Medico-Legal Laboratory Ga-RankuwaHospital Box 117 (Room SB 28)

MEDUNSA 0204

Designation (Rank): ..... (Department of Health)





# Suid-Afrikaanse Polisiediens



# South African Police Service

POLISIERAPPORT WAT LYK NA LYKHUIS VERGESEL
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