# REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HEALTH NORTHWEST PROVINCE

# REPORT ON A MEDICO-LEGAL POSTMORTEM EXAMINATION Marikana CAS No.: 137-08-2012

To the Magistrate of RUSTENBURG

I, Dr Ruweida Moorad, hereby take oath and say:

I am in the Service of the Department of Health NorthWest Province as a **Full-Time District Forensic Specialist.** 

I am registered with the Health Professions Council of South Africa as a **Specialist Forensic** Pathologist [MP NO. 0442003].

Under the provisions of the **Inquest Act 58 of 1959**, a complete postmortem examination was performed at the **Department of Health**, **Medico-Legal Laboratory**, **Garankuwa** on 22<sup>nd</sup> **August 2012** beginning at **12h30**.

This body was identified to me by: Mr Sekhute of Forensic Pathology Service Phokeng. The prosector was Mr Khimbili of Forensic Pathology Services Potchefstroom.

as being that of an: Adult Black Male (PM 578/2012)

whose estimated age was: approximately 30-45 years of age

The deceased was certified dead on 16<sup>th</sup> August 2012 at (time of death not supplied)

06 days prior to my examination.

- 1. PRESENTATION, CLOTHING AND PERSONAL EFFECTS: The body appears to the examiner as indicated above. The body was enclosed in a grey plastic body bag with the number '578-2012' written on it. Further additional identification is by a white paper with the number 578-2012 written on it. The deceased was clad in a brown and green striped t-shirt, black tracksuit pants, white running shoes and underwear at the time of autopsy. A single defect was present in the upper body clothing and matched the wound on the body. The clothing was handed to Mr Madupela of Forensic Pathology Services Garankuwa and was sealed in an evidence collection bag with seal number FSG 394871.
- 2. **POSTMORTEM CHANGES:** The body was refrigerated. Livor mortis was difficult to assess. The eyes showed corneal clouding. The vermilion borders of the lips were gry. Signs of early



decomposition were noted - there was facial and scrotal bloating with purging of bloodstained fluid from the nose and mouth. The skin of the torso was discoloured and skin slippage of the torso and legs was noted.

#### 3. EVIDENCE OF MEDICAL INTERVENTION: Nil

**4. POSTMORTEM IMAGING STUDIES:** Postmortem radiography was performed and showed multiple small radio-opaque fragments in the right abdomen.

#### 5. EXTERNAL EXAMINATION:

(Note: All injuries are numbered for reference. This is arbitrary and does not correspond to any order in which they may have been incurred)

#### Recent Injuries:

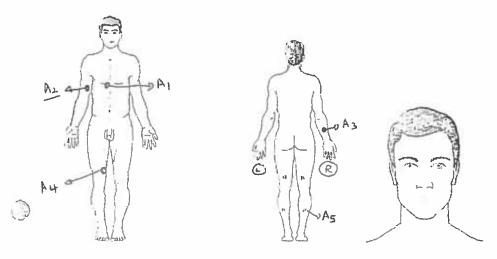
A1 - A circular laceration of the right anterior lower chest wall was noted. The wound measured 8x10mm and was located 25mm to the right of the midline, and at the level of the  $5^{th}$  intercostal space. A 7mm supero-medial area of abrasion was present. No tattooing was present. The wound tract passed inferiorly and to the right, through the soft tissue of the anterior chest and abdominal wall

A2 – A 30x15mm oval abrasion of the medial right upper arm was noted. Surrounding contusion was present.

A3 – A circular abrasion of the right forearm was noted, measuring 18x15mm and surrounded by an area of contusion.

A4 - A 70x55mm area of contusion of the inner lower right thigh was present. A small central overlying abrasion measuring 10x5mm was noted.

A5 - Small linear parallel abrasions of the posterior lower limbs were noted. The wounds measured approximately 5mm in length and were parallel to each other, in groups of two.



**General:** The deceased was of large, muscular build (Height -1.70m; Weight -64kg). No peculiar odours or colour changes were noted.

**Head:** The face showed no evidence of trauma. The scalp and soft tissues of the head were otherwise normal. The nasal and facial bones were without palpable fracture. The conjunctival vessels were congested. The tongue, lips and gums were free of injury.

Neck: The neck showed no indication of abrasion, asymmetry or other abnormality.

**Torso:** The torso showed signs of injury (Refer to Paragraph 5, A1). The abdomen was distended. The perineum and anorectal areas showed no injuries. The inguinal regions and buttocks were normal.

**Upper and Lower Extremities:** The upper and lower extremities were well developed, muscular and symmetrical. Injuries to the right upper and forearm were noted (Refer to Paragraph 5, A2-A5).



#### 6. INTERNAL EXAMINATION:

#### **Evisceration Method:**

The thoracic and abdominal organs were removed using a modified Ghon Technique (en-bloc)

#### TORSO

The skin of the chest and abdomen was reflected using the usual Y-shaped incision. Subcutaneous fat and musculature were normal for age and gender. Fracture of the right  $8^{th}$  costal cartilage was present. There were bilateral haemothoraces (Right - 500mls; Left - 300mls). Free blood was present in the peritoneal cavity, measuring 500mls). Right sided retroperitoneal haemorrhage was present. Laceration of the right crus of the diaphragm was present. Bilateral fibrous pleural adhesions were noted.

Organ Weights: Not taken - organ scale not working.

Cardiovascular System: The pericardial sac was contused and contained less than 50mls of bloodstained fluid. The heart appeared to be of the normal size and shape. Contusion of the right lateral and anterior surface of the heart was noted. The coronary arteries were normally distributed and were patent throughout their lengths. The epicardium, valve leaflets, chordae, and endocardium appeared normal. The myocardium was reddish-tan throughout and no focal myocardial lesions were observed.

**Respiratory System:** The trachea and bronchi appeared congested. Bilateral fibrous pleural adhesions of the upper lobes of the lungs were noted. There was no indication of infarction or neoplasia. The cut section of the lungs showed congestion with dilatation of the small airways. An area of fibro-calcific scarring of the right upper lobe was noted.

**Digestive system:** The oesophagus appeared pale. The stomach contained was empty and the mucosa appeared pale and intact. Laceration of the mesentery was noted. The small and large bowel appeared intact and normal.

**Hepatobiliary System:** The gallbladder was lacerated. The liver was lacerated. On cut section the liver appeared pale and fatty.

Reticuloendothelial System: The spleen had a wrinkled capsule and appeared soft on cut section.

**Urogenital system:** Right sided perinephric haemorrhage was present. The kidneys were symmetrical and the capsules stripped easily to reveal smooth and even surfaces. Hilar laceration of the right kidney was present. The cut section of the kidneys showed a normal corticomedullary ratio. The cut surfaces appeared pale.

#### HEAD

The scalp was reflected using the standard intramastoidal incision. Focal right temporal deep scalp bruising was present. No skull fractures were noted.

**Brain:** The brain appeared mildly swollen with flattening of the gyri and narrowing of the sulci. No intracranial haemorrhage was noted. There were no signs of raised intracranial pressure. The basal vessels were widely patent and showed no abnormality. The cerebellum and brainstem were normal. Serial coronal sections of the cerebral hemispheres revealed no remarkable pathology.

**Neck and Pharynx:** The skin of the neck was reflected up to the angle of the mandible. There was no evidence of soft tissue trauma to the major airways or vital structures in the lateral neck compartments. A strip dissection was not performed.

**Spinal Column and Cord:** No fractures were palpable. The cord was not examined.



- Rus

#### 7. SUMMARY OF INJURIES/FINDINGS:

000307

Adult Black Male
History of shooting
Distant penetrating gunshot wound of the abdomen and chest
Contusion of the heart and pericardial sac
Lacerated liver, kidney and mesentery
Bilateral haemothoraces
Haemoperitoneum
Retroperitoneal haemorrhage
Early decomposition

#### 8. ANCILLARY INVESTIGATIONS:

- An oral swab for DNA was collected and sealed in a DNA Kit with Seal Number: PA5000486910. The sealed kit was handed to Mr E.M. Madupela of Forensic Pathology Services Garankuwa.
- Urine was taken for toxicology. Toxicology Kit Number: TX001175. The kit was handed to Mr Mr E.M. Madupela of Forensic Pathology Services Garankuwa.
- Femoral blood for blood alcohol was taken and handed to Mr Mr E.M. Madupela of Forensic Pathology Services Garankuwa. Seal Number: PMK07585/6.
- Clothing was collected and handed to Mr Mr E.M. Madupela of Forensic Pathology Services Garankuwa. Seal Number: FSG394871

## 9. ADDITIONAL OBSERVATIONS/COMMENTS

History of death following shooting as per SAP 180

The cardiothoracic organs were collected for occupational health investigation.

Postmortem photography was performed by Mr N.N. Khoza of LCRC Brits.

Mr M.E. Shadung of the SAPS Ballistics unit was present during the post-mortem examination.





## **CAUSE OF DEATH STATEMENT:**

As a result of my observations, I concluded that the cause/causes of death was/were:

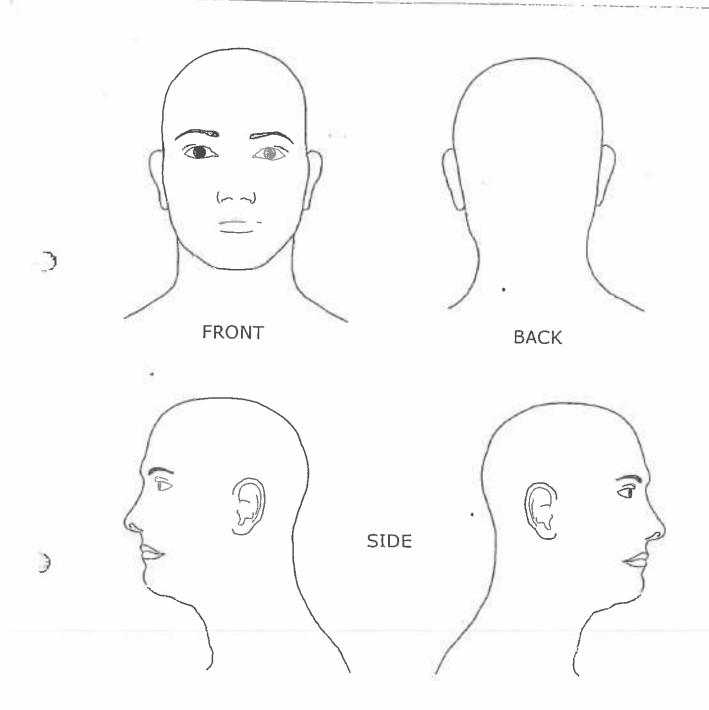
## DISTANT PENETRATING GUNSHOT WOUND OF THE ABDOMEN

I declare that I know and understand the contents of this statement.

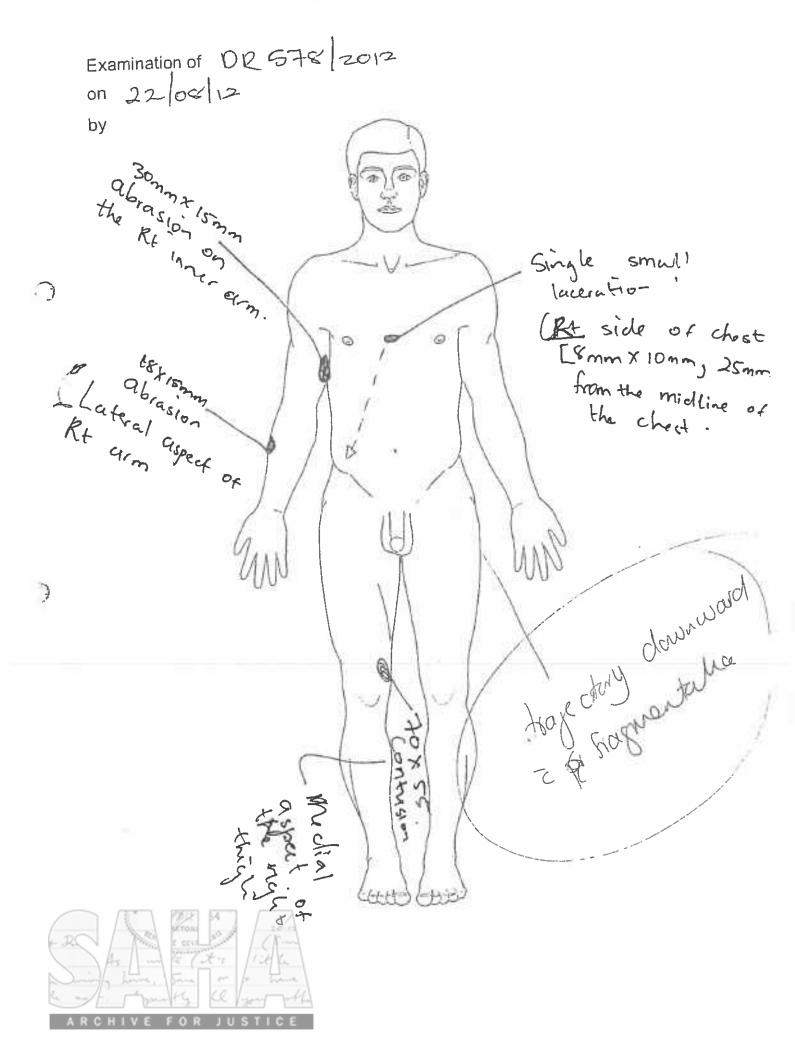
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Of Septealos 2012
THE WOOD
MB BCh BAO, LRCP & S (I), FC For Path (SA)
SPECIALIST FORENSIC PATHOLOGIST
PHONE NUMBER:
Private Bag X1253, Potchefstroom, 2520, NorthWest Province  D, Fax: (018) 294 4509
conent has acknowledged that she knows and understands the reduce declaration, that she has no objection to taking the prescribed oat ding on her conscience.  Igned before me at: POTCHEFSTROOM
day of SEINTENBER, 2012
OATHS: R.S.A.  JACOBUS MULLER (A. D.)  MORTUARY MANAGER 0405953-1  FORENSIC PATHOLOGY SERVICE  25 O. R. THAMBO AVE  POTCHEFSTROOM, 2520



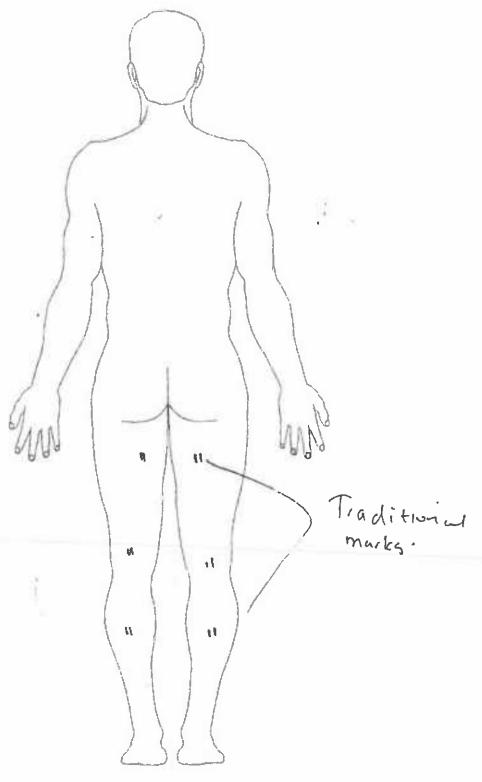






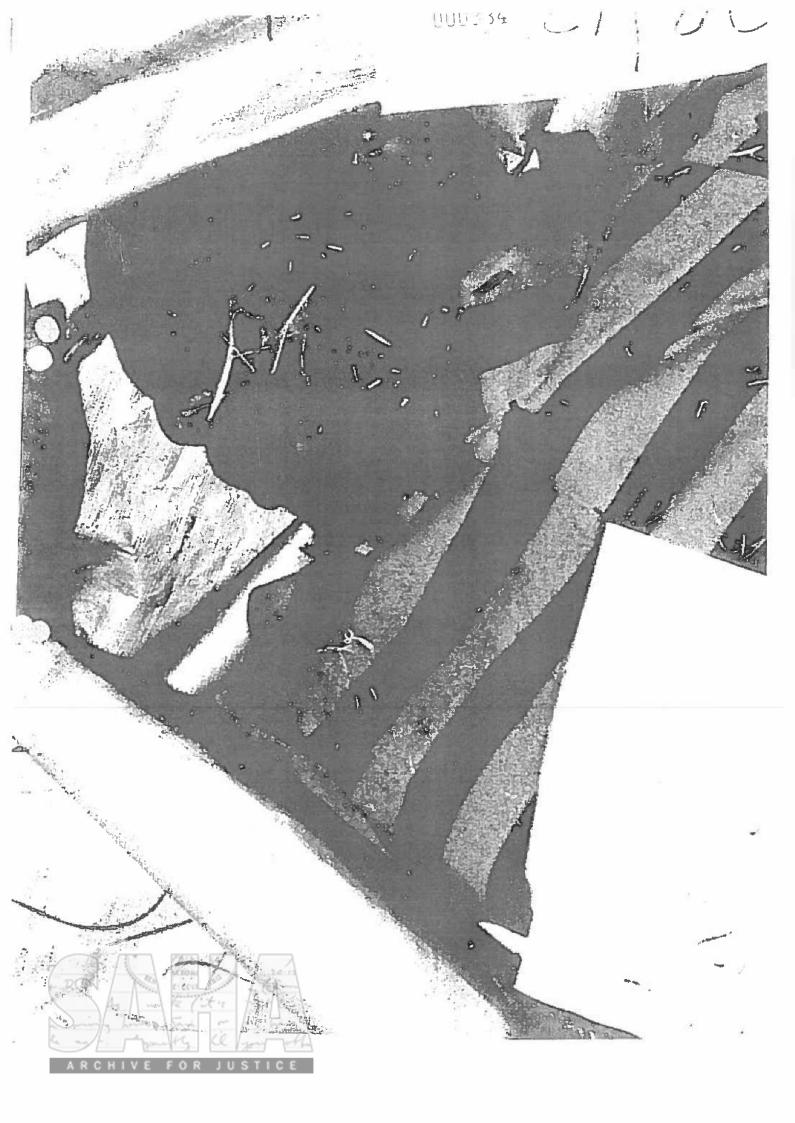
Examination of DQ 578 2012 on 22 08 12

By Dr Janet Young





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# DEPARTMENT OF HOME AFFAIRS

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## NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

in terms of the Births and Deaths Registration Act,

1992 (Act No. 51 of 1992) • Must be completed in black ink (please tick | where applicable) SERIAL No: 999 · Please refer to instructions 501064 FILE No: 578 2012 Date of birth Identity number Date of death of deceased Age at last birthday years Surname MA E Maiden Name If death occurred within (If female) 24 hours after birth Forenames number of hours alive MARITAL STATUS OF DECEASED Civil Marriage Living as married Widowed Left thumb print Religious Law Marriage Divorced Customary Marriage deceased PLACE OF BIRTH (Municipal district or country if abroad).... LOF DEATH (City / Town / Village) 'E REGISTRATION OF DEATH CITIZENSHIP OF DECEASED **B PARTICULARS OF INFORMANT** Identity number Left thumb print of informant Initials and Surname Relationship to deceased Parent Spouse Child Other kin Other (specify) Postal address Dialling Postal Code Code Was the next of kin of the deceased a Refuse to Yes No smoker\* during the past five years? answer Telephone No Signature C PARTICULARS OF FUNERAL UNDERTAKER Office Stamp of Funeral Undertaker Initials and Surname ntion No. Place of burial / cremation Dair Signature LERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE Postal address 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. Postal Code Initials and Surname Date Signed Signature SAMDC / SANC Reg. No. D.2 CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST Postal address I, the undersigned, bereby certify that a medicologal post-mortein 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: RIGIRIMOOHAU 7/BAG X 1253 POTCHEFSTHO Natural (Cause of Death as indicated in Section G) Unnatural Under investigation SPECIALIST FORENSIC Postal Code Initials and Surname 00641410 Place of SAMPC Rug. No. post-mortem Mortuary Date signed Signature reference E FOR OFFICIAL USE ONLY Initials and Surname or Registrar Office Stamp Registration of Death approved and Burial Order issued Force No / ostal<sup>2</sup> ddress Designation No. Persal No. 'ostal

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P 1 CERTIFIC	CATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE	Postal address
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Date signed 2012 08 22

Signature...

Office Stamp

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Registration of Death approved and Burial Order issued

Postal address

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Someone who smokes tobacco on most days

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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	
such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each lin	e. (Days / Months / Years) ICD-10
immediate cause (Final disease (a) Cun shot wound of or condition resulting in death)  Due to (or a consequence of)	the Abdomen.
Sequentially list conditions, if any, (b)	
leading to immediate cause. Due to (or a consequence of) Enter UNDERLYING CAUSE last	
(Disease or injury that initiated events resulting in death)  (c)	
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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 stillhorn, 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:	
2. Opinion of attending medical practitioner 2. Opinio	n of attending medical practitioner on duty
4. Opinion of registered professional nurse 5. Intervie	ew of family member
6. Other (Specify)	
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OF HAUSTERN MUSERRALLE

AFFIDA	VIT IN TERMS OF	<b>SECTION 212(8)</b>	ACT 51 OF	1977 AS A	MENDEDACCE	17,1
	MAULIPELA				but man	

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 I received the following exhibit (s): ALC

From DR Mcelon

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 LOB officer

The All was sealed with the official seal no Pork 070585

- 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

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 MW mz molo7=
Date: 2012/09/10 MW mz molo7=
C.F.O

NAME: MAPLOY ZACHARIA MOLO7=

**ADRESS** 

6543 KGOTLENG STREET, GA-RANKUWA

RANK

: CHIEF FORENSIC OFFICER



<b>AFFIDAVIT IN TERMS OF SECTION 212(8</b>	) ACT 51 OF 1977 AS AMENDED 1003/2
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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  $\frac{20/2 - 08 - 27}{2}$  [ received the following exhibit (s): ALC

DR MORRISO

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

On 20/2 - 08 - -27 I handed the above exhibit (s) to the 4/3/8 officer REFI 1/20 : 242/12

The 214 was sealed with the official seal no Park 070525

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

Place: FPS Ga-Rankuwa

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: 2017/09/10

C.F.O

NAME **ADRESS**  MATILO ZACHARIA MOIDES

6543 KGOTLENG STREET, GA-RANKUWA

: CHIEF FORENCE OFFICER RANK



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collection	2978	7/15										
Time of specimen	: Mai	2/			Problems							
collection  Date of death	1-7		+-									
l	6/81	12										
Was the deceased			s/her de	eath?	Yes				No		X	
If YES, please indic		owing:					_					
ength of hospitaliza	ition:											
Were toxicological a		ormed		Yes	1	N	10	T		Unsure	<b>}</b>	
On blood in hospital	?							$\perp \times$	لـــا			
If <u>YES</u> , please list re	sults:											
Were any drugs adm	ninistered du	ring admiss	ion in	Yes	1	N	0	T		Unsure	:	
hospital?				<u></u>				$\perp \rangle$	$\leftarrow$			
If <u>YES</u> , please list dr	ugs.											
Clinical History	Age	7-40	111100	<del></del>	B	Sex			TY	Fema		
Circumstance of death:	Suicide	Нол	nicide	N	MVA		Unk	known		Other	,	1
Please provide relev	ant facts in t	the history								1		IX
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AFFIDAVIT IN	TERMS O	F SECTION	212(8) A	ACT 51	OF 1977	AS	AMENDED	003	1.4

I. B. Miguille Elifa 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  $\frac{20/2 - \sigma S - Z - I}{2}$ received the following exhibit (s): TOXICOLOGY

From DR MURRIAN

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

REFIX2466/12\_\_\_

The Tox was sealed with the official seal no 14 001175

- 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

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 | M2 IN 02000 C.F.O

NAME

**ADRESS** 

MATLOY ZACHARIA MOLOTO

6543 KGOTLENG STREET, GA-RANKUWA

CHIEF FOREMIL OFFICER RANK



LILILIU ..... LOUI MORIEM NO: WAS.......

000345

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED:	00034
I, E declare under oath:-	
I am a Forensic Officer in the Gauteng Department of Health, stationed at Forensic Patho Service Ga-Rankuwa.	ology
In the performance of the official duties in connection therewith and on $\frac{20/2}{2}$ received the following exhibit (s): $\frac{20/2}{2}$	<u> </u>
From DR	
While the exhibit (s) was in my possession or control, it was kept in safe custody, seal kep not interfered with.	ot intact and
On 2012 I handed the above exhibit (s) to the officer	г
REFITX 2 4 46/12	
The was sealed with the official seal no	
<ol> <li>I know and understand the contents of this declaration.</li> <li>I have no objection to taking the prescribed oath.</li> <li>I consider the prescribed oath to be binding on my conscience.</li> </ol>	
Place: FPS Ga-RankuwaSF.O.	
I certify that the deponent has acknowledged that he/she knows and understands the conterdeclaration which was sworn to before me and the deponents signature was placed thereon presence.	
Place: Ga-Rankuwa FPS Date: 2012 09/10 ML nozono C.F.O	
NAME: PALOY ZOCHARIA MOLO?S ADRESS: 6543 KGOTLENG STREET, GA-RANKUWA	
RANK: CHIEF FORENSIL OFFICER	
As home or o have	

Forensic Pathology Service: GA-RANKUWA: POST-MORTEM NO: DR PHOKENG 578/12

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.

## 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 17 07, 30

I handed the above specimen(s) to the investigating officer

No 706 41310

Rank | Investigating officer

Name Econce Motor

SIGNATURE OF I/O

The Dna was sealed with the official seal no (PA 5000486910)

- 1. I know and understand the contents of this declaration.
- 2. I have no objection to taking the prescribed oath.

I consider the prescribed oath to be binding on my conscience. 3.

Place: FPS Ga-Rankuwa

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 / 3

NAME

LUCAS MENZELWA MAHLANGU

**ADRESS** 

6543 KGOTLENG STREET, GARANKUWA

RANK ASSISTANT DIRECTOR



# SOUTH AFRICAN POLICE SERVICE COS469

## **IDENTIFICATION OF BODY**

*Station/Government Monuary PHORETE CAS/CR/Serial No. DR 57812 -	1
In printing Thanderile requiry	
Identity number	4
*male/female residing at *State under cath/confirm PHCICEN 9	1
Lidentified the body of a *White/Black/Asian/Coloured *male/female to *medico legal assistant	
	1
as being that of Michael Kgureyi.	·
Particulars of deceased:	1
1. Identity number. 2. Date of birth 1973 03 03	-10
3. Residential address	1
4. Employed at Longin Mine.	T
5. Relationship to deponent greatler. 6. Marital status Married.	1
7. Name and address of *residence/employment of deceased's *husband/wife/father/mother/brother/sister/olfne	
	1
"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.	
Signature Novmb-print/mark	f
*I certify that the deponent has acknowledged that he/she knows and understands the contents of thi declaration which was sworn to/affirmed before me and that the deponent's signature/thumb-print/mark was	S
placed thereon in my presence at PHOICERS (place) on 2012 OP 183 (date at 22 : 19 (time)	<del>}</del> )
(Signature) Commissioner of Oaths	d a
Full first names and surname REITUMELO ANNAH JOY MEULWARE	
Business address (Street address of Police Station) 31 SALEMA SECTION  PHEICENS FORENCIC PATHOLOGY SEQUICES	i in it
Designation Anald D. I. Could Missas Delice Consider	
Designation (rank)). C	-
en of frankly (lyong off)	

JEWJON-EHPOSADRES

Bewaar die bewys van u GEREGISTREERDE VIOLEN EN POSADRES in hierdre sakkre

2 Indien u van adies verander net, of indien besonderhede ven u huidige adres, by strautineam en of -nommer, ens verander het, moet die vorm KENN-SGEWING VAN ADIT -ERANDERING, uzt in die sakkle agter in die idantiteitsdokum - bruik word om die verandering aan te meld en moet dit not en sofd vijd op op verandering aan te meld en moet dit not en sofd vijd op op verandering aan te meld en moet dit not en sofd vijd op verandering aan te meld en moet dit not en sofd vijd op verandering aan te meld en moet dit not en sofd vijd op verandering aan te meld en moet dit not en sofd vijd op verandering aan te meld en moet dit not en sofd vijd op verandering aan te meld en moet dit not en sofd vijd op verandering van dit not en sofd vijd op verandering van dit not en sofd vijd op verandering van dit not en sofd verandering verandering van dit not en sofd verandering van dit not en sofd verandering verandering van dit not en sofd verandering BINNELANDSE SAKE

> REGISTERED PER OSTALADDRESS

ISTERED RESIDENTIAL AND 1 Keep the proof your POSTAL ADDRESS in this post

 If you have changed your address, or, it parturals of your present address, e.g., name of street and/or of eeth umber, e.g., but a 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 noal of regionalidistrict office of the DEPARTMENT CHROME AFFALRS.

K. I.D. No.

S.A.BURGER/S.A.CITIZEN

VAN/SURNAME NGWEYI

000346(6)

**VOORNAME/FORENAMES** MICHAEL

GEBOORTEDISTRIK OF SOUTH AFRIC

GEBOORTEDATUM/ DATE OF BIRTH

**1973-03-**03

DATUM UITGEREIK DATE ISSUED

2004-08-26

DIREKTEUR-GENERAAL SINKELANDSE SAKE

ISSUED BY AUTHORITY OF THE DIRECTOR-GENERAL HOME AFFAIRE

GEREGISTREERDE WOON- EN POGADRES

1 Bewaar die bewys van ui GEREGISTREET DE WOOM- EN POSADRES in hierdie solvie

2. Indien u van adies verander het, of indien beiter derhede van u huidige adies, by straatnaam en/of-nommer, en/o verander het, moet die vorm KENNISGEWIRG VAN ADRESVERANDERING wat in die sakkie agter in die rdentietigke umant is, g. breik word om die verandering aan te meid on noet d'in gedien wold by of getos wird aan die naal te streek in juryan ich van die ESPARTEMENT VAN BINNELANDSE SALE.

REGISTERED RESIDENT - MIDICULTAL ADDRESS

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I.D.No

S.A.BURGER/S.A.CITIZEN

1

VAN/SURNAME

NGWEYI

VOORNAME/FORENAMES

THANDEKILE

GEBOORTEDISTRIK OF-LAND/ DISTRICT OR COUNTRY OF BIRTH

SUID-AFRIKA

GEBOORTEDATUM DATE OF BIRTH

1968-09-12

DATUM UITGEREIK DATE ISSUED

1997-08-14

UTTGEREIK DP GESAG VAR DIE DIREKTEUR GENERALL BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE DIRECTOR GENERAL HOHE AFFAIRS



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collection	1/ 1/	30											
Date of death	12/15												
Was the deceased	hospitalized	befor	e his/her	death?		Yes				No			
If YES, please indi		owing:											
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If YES, please list re	sults:		4,00										
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Were any drugs adn	inistered du	ring ad	mission ir	Yes		}	No		1		Unsure		
hospital?	7100									7			
If YES, please list dr	uys.												
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Page 1 of 2

VICE GA-KANKUWA: POST-MORTEM NOW 12 //2

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED:	999293
I, E MALIURGA declare under oath:-	
I am a Forensic Officer in the Gauteng Department of Health, stationed at Forensic Patho Service Ga-Rankuwa.	ology
In the performance of the official duties in connection therewith and on 2012 -08-	22 I

received the following exhibit (s): FUXICE LOGI DR- MURRAD

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

REFI 1X 247/12- TX 2473/12

The Text was sealed with the official seal no Tx 00/182

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

Place: FPS Ga-Rankuwa

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: 20/2/09/10 MM/102/00200

C.F.O

NAME: MAPLOY ZACHAMA MOLOZO

ADRESS: 6543 KGOTLENG STREET, GA-RANKUWA

**RANK** 

CHIEF FORENSIL Officer



PORENSIC PATRICLUGY SERVICE: GA-RANKUWA: POST-MORTEM NO
AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED: 000259
I,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 I received the following exhibit (s):
From DR
While the exhibit (s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with.
On I handed the above exhibit (s) to the officer
REFITE 2021/12-Travelle
The was sealed with the official seal no
<ol> <li>I know and understand the contents of this declaration.</li> <li>I have no objection to taking the prescribed oath.</li> <li>I consider the prescribed oath to be binding on my conscience.</li> </ol>
Place: FPS Ga-RankuwaSF.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: 20/2/05/10 MU/m2/00/20
NAME: MALOY LACHARDS MOLOZO ADRESS: 6543 KGOTLENG STREET, GA-RANKUWA
RANK: CHIEF FOREDIL Officek
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



Forensic Pathology Service: GA-RANKUWA: POST-MORTEM NO: DR PHOKENG 579/12

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

Ī,	MATL	OU ZA	<b>CHARIA</b>	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 SFO MADU PELIZ

## 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 2017/38/30

I handed the above specimen(s) to the investigating officer

No 70644210 Rank Planestoph Name France Metaling

SIGNATURE OF I/O

The Dna was sealed with the official seal no (PA 5000486909)

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

Place: FPS Ga-Rankuwa

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 12 1/8 30

Callette d.

NAME LUCAS MENZELWA MAHLANGU

6543 KGOTLENG STREET, GARANKUWA **ADRESS** 

ASSISTANT DIRECTOR RANK



## POLISIERAPPORT WAT LYK NA LYKHUIS VERGESEL POLICE REPORT ACCOMPANYING BODY TO MORTUARY

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	annat.						
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Datum en tyd van dood Date and time of death Merk toepaslike blok r		1		death	20-10	cel Ke	P
ierk toepaslike blok r		1	voe	death	D DC	Motor	fietsryer
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Motorbotsing Motor accident  Selfmoord Suicide  Vi	Bestuurder Driver  Driver  Opgere-arm  Opgere-arm	Passasier Passenger Phang Paing P	Voe Pec	deathX  Iganger estrian  Vergas Gassed	Fielsnyer Cyplist Van gebou afg Jumped from	Motor Motor gespring building	Ander Other
Motorbotsing Motor accident  Selfmoord Suicide  Van g	Bestuurder Driver  Driver  Opgere-arm Opgerebou geval	Passasier Passenger	Voe Pec	tganger estrian  Vergas Gassed  Met m	Fietsryer Cyplist Van gebou alg	Motor Motor gespring building	Ander Other

Volledige geskiedenis Full history

1

• Must be completed in bl • Please refer to instruction	ons		SERIAL No: 501060		00005	6	
FILE No:  F DEMOGRAPHIC DI	DATE:	AU /	DOTOGO				
Initials and Surname of decear Identity number	ased Q f	الماراها الم					
PLACE OF DEATH	1. Hospital: (Inpatient	ER / Outpatient	DOV	) 2 N	ursing Home	3. H	lome
FACILITY NAME: (If not an institution, give str	4. Other (Specify)					61 6- <b>000</b> - 1 216-000 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	electric distributions of the second
USUAL RESIDENTIAL AD	DRESS OF DECEASED (W	here someone lived on m	ost days)				
Name of Plot, Farm, etc.							
Suburb / Village	(10 a : 10 v						
Ti City							
P ince / Country	1071-W-W	eve-					
r unal Code	0300				· · · · · · · · · · · · · · · · · · ·	<del></del>	
Magisterial district	カルウトもいし	W12					
Census enumerator area							
DECEASED'S EDUCAT	ION (Specify 🗸 only	highest class complete	d / achieved)				
None Grl Gr2	Gr3 Gr4	Gr5 Gr6	Gr7 Gr8	Gr9 Gr10	1 2 1		niv CODE
			i	2 3 NTC	1 NTC2	5 NTC3	
USUAL OCCUPATION C (give type of work done do		c. Do not use "retired"	TYPE OF BU	SINESS / INDUS	TRY (e.g. Mir	ning, Farming	etc.)
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ti-mailore zunie uran				17,31107		17	describer out transport
Was the deceased a smoker*	five years ago? ( 🚺 )	Yes	No	Do not know	Not a	pplicable (minor	)
such as cardiac  IMMEDIATE C	ce, injuries or complications or respiratory arrest, shock of CAUSE (Final disease	that caused the death. Do or heart failure. List only	one cause on each	of dying, line.	between on (Days / Mo	nate interval uset and Death onths / Years)	FOR OFFICE USE ONLY ICD-10
or condition res	-	tue to (or a consequence o					
leading to imme	ediate cause. D	ue to (or a consequence of	of)				
(Disease or inju events resulting	ny mai minaica	ue to (or a consequence of		***************************************	***************************************	** ** *** ****	N-
		ue to (or a consequence o		e.eestile.eestittiiledeeestittiiliilii		******************	
PART 2 Other significar not resulting in	nt conditions contributing to the underlying cause given i	death but n Part I				99 0 4	
If a female, was she preg	nant 42 days prior to death?	( Yes	No [				
If stillborn, please write	mass in grams						
Do you consider the dece	ased to be: African	White Indian	Coloured	Other (Spe	ecify)	***************************************	
Method of ascertainment	of cause of death:	_	and the same of th				
Autopsy	Opinion of attendir     Opinion of register	ng medical practitioner ed professional nurse		nion of attending m		ner on duty	
6. Other Specif		***************************************				PPTT	and become greet to be become of
Someone who smokes tobacc	co on most days	Toll				Guetrament Publing	Works Tel (012) 334-45(5)
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varier completion seat to ensure confidentiality)

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#### ARGISTER OF DEATH / STILLBIRTH Space for Bar Code in terms of the Births and Deaths Registration Act, 1992 (Act No. 51 of 1992) 000054 Must be completed in black ink (please tick ) where applicable) SERIAL No. • Please refer to instructions FILE NOW 77 Date of birth Identity number of deceased death Age at last years birthday Surname Sex Maiden Name 44 CN (If female) If death occurred within 24 hours after birth Forenames number of hours alive MARITAL STATUS OF DECEASED Civil Marriage Single Living as married Widowed Left thumb print of deceased Religious Law Marriage Divorced Customary Marriage PLACE OF BIRTH (Municipal district or country if abroad). RS. 12 PLACE OF DEATH (City / Town / Village) 1000 M 20 4 COL PLACE REGISTRATION OF DEATH ... .LÉNSHIP OF DECEASED. **ARTICULARS OF INFORMANT** Identity number Left thumb print of informant Initials and Surname Child Other (specify) Parent Spouse Other kin Relationship to deceased Postal address Dialling Postal Code Code Was the next of kin of the deceased a Refuse to Yes No smoker\* during the past five years? answer Telephone No. Signature C PARTICULARS UNDERTAKER Office Stamp of Funeral Undertaker Initials and Surname Designation No. Place of burial / cremation. Date Signature ... EXTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE Postal address I, t<sup>1</sup> adersigned, hereby certify that the deceased named in Section A, to the best of . nowledge 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. Postal Code Initials and Surname Date Signed Signature. SAMDC / SANC Reg. No. D.2 CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST 1, 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 equired 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 BPECIALIST FORENISID PAITHOLOGIS Postal Code nitials and Surname 'lace of

#### Date SAMDC Reg. No. ost-morter 4ortuary . Date signed ference : FOR OFFICIAL USE ONLY Initials and Surname or Registrar Office Stamp Registration of Death approved and Burial Order issued ostal Force No./ ldress Designation No. Persal No. istal

Signature.

omeone who smokes tobacco on most days

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Space for Bar Code 009365 where applicable) SERIAL No Must be completed in black ink (please tick ✓ · Please refer to instructions FILE No: DATE: F DEMOGRAPHIC DETAILS Initials and Surname of deceased Identity number DOA 2. Nursing Home 3. Home 1. Hospital: (Inpatient ER / Outpatient PLACE OF DEATH 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 City 6 vince / Country 00 .al Code Magisterial district RV Census enumerator area DECEASED'S EDUCATION (Specify only highest class completed / achieved) Gr9 Gr10 Gr11 Gr12 Univ CODE Gr3 Gr4 Gr5 Gr6 Gr7 Gr8 None Gr1 Gr2 Form Form Form Tech Form Form 4 NTC3 NTC1 NTC2 USUAL OCCUPATION OF DECEASED TYPE OF BUSINESS / INDUSTRY (e.g. Mining, Farming etc.) (give type of work done during most of working life. Do not use "retired" Refer to instructions. Winish Was the deceased a smoker\* five years ago? Do not know Not applicable (minor) FOR OFFICE MEDICAL CERTIFICATE OF CAUSE OF DEATH Approximate interval **USE ONLY** PART 1 Enter the disease, injuries or complications that caused the death. Do not enter the mode of dying. between onset and Death such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line. (Days / Months / Years) ICD-10 IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or a consequence of) Sequentially list conditions, if any, leading to immediate cause. Due to (or a consequence of) Enter UNDERLYING CAUSE last (Disease or injury that initiated Due to (or a consequence of) events resulting in death) (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

Other

5. Interview of family member

Coloured

(Specify)

2. Opinion of attending medical practitioner on duty

6. Other (Specify).

means who smakes tobacco on most days

If stillborn, please write mass in grams

Method of ascertainment of cause of death:

Do you consider the deceased to be:

Autopsy

Government Printing Works Tel (212) 334-4500

White

2. Opinion of attending medical practitioner

4. Opinion of registered professional nurse

Indian

African

# REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HEALTH NORTHWEST PROVINCE

## REPORT ON A MEDICO-LEGAL POSTMORTEM EXAMINATION Marikana CAS No.: 137-08-2012

To the Magistrate of RUSTENBURG

I, Dr Ruweida Moorad, hereby take oath and say:

I am in the Service of the Department of Health NorthWest Province as a **Full-Time District Forensic Specialist.** 

I am registered with the Health Professions Council of South Africa as a **Specialist Forensic** Pathologist [MP NO. 0442003]

- clicer the provisions of the Inquest Act 58 of 1959, a complete postmortem examination was
- med at the Department of Health. Medico-Legal Laboratory. Potchefstroom on 22nd
- sigust 2012 beginning at 13h30.

Mr Sekhute of Forensic Pathology Service Phokeno

the second section because the selection of the second sec





## **CAUSE OF DEATH STATEMENT:**

Dated at Potchefstroom

As a result of my observations, I concluded that the cause/causes of death was/were:

## DISTANT PERFORATING GUNSHOT WOUND OF THE HEAD

I declare that I know and understand the contents of this statement.

I have no objection to taking the prescribed oath.

I consider the prescribed oath to be binding on my conscience.

I swear that this statement is true, so help me God.

on this O3rd day of September 2012
SIGNATURE:
QUALIFICATIONS: MB BCh BAO, LRCP & S (I), FC For Path (SA)
DESIGNATION: SPECIALIST FORENSIC PATHOLOGIST
ADDRESS AND TELEPHONE NUMBER:
Department of Health, Private Bag X1253, Potchefstroom, 2520, NorthWest Province Tel: (018) 297 5060, Fax: (018) 294 4509
I certify that the deponent has acknowledged that she knows and understands the contents of the above declaration, that she has no objection to taking the prescribed oath and considers it binding on her conscience.  Thus sworn to and signed before me at:   **PTUH C F S TROD TO**  Thus sworn to and signed before me at: **PTUH C F S TROD TO**  Thus sworn to and signed before me at: **PTUH C F S TROD TO**  Thus sworn to and signed before me at: **PTUH C F S TROD TO**  Thus sworn to and signed before me at: **PTUH C F S TROD TO**  Thus sworn to and signed before me at: **PTUH C F S TROD TO**  Thus sworn to and signed before me at: **PTUH C F S TROD TO**  Thus sworn to and signed before me at: **PTUH C F S TROD TO**  Thus sworn to an experiment to the same that the s
Thus sworn to and signed before me at: $PSIMEFSIRODD$ On this $3rM$ day of $SepIemBc_2$ 2012
COMMISSIONER OF OATHS ACORUS MULLER (A. D.)
MORTUARY MANAGER 0405953-1  FULL NAME: FORENSIC PATHOLOGY SERVICE  25 O R THAMBO AVE
DESIGNATION:  POTCHEFSTROOM, 2520  MORTUARY MANAGER,
BUSINESS ADDRESS:



PM NO. DR 579 2012 HEIGHT:	DATE: 22   08   2012. WEIGHT;	DISSECTOR: M	Kgasi (Brits)	75
	Blue hoodie Blue hoodie Beige T-Shirt. Navy blue under	(1		LIVER  LK:  RK:  BRAIN:
IDENTIFIED BY.  DNA/OTHER KITS C PASCOOL	BLOOD ALCOHOL:FA_ UISTOLOGY: Occio		OXICOLOGY TX001182	Chross

**Brain:** Bilateral subarachnoid haemorrhage was noted. The brain appeared lacerated with pulpification of the right temporal lobe, left frontal lobe and the base of the brain. The basal vessels were lacerated. The cerebellum and brainstem were lacerated. Serial coronal sections of the cerebral hemispheres revealed a destructive haemorrhagic laceration of the brain extending from the right temporal lobe to the left frontal lobe with laceration of the base of the brain. Intraventricular haemorrhage was present bilaterally.

**Neck and Pharynx:** The skin of the neck was reflected up to the angle of the mandible. There was no evidence of soft tissue trauma to the major airways or vital structures in the lateral neck compartments.

**Spinal Column and Cord:** No fractures were palpable. The cord was not examined.

### 7. SUMMARY OF INJURIES/FINDINGS:

Adult Black Male
History of shooting
Distant perforating gunshot wound of the head
Fractured skull
Lacerated brain
Distant perforating gunshot wound of the left arm
No limb fractures
Bilateral fibrous pleural adhesions

### 8. ANCILLARY INVESTIGATIONS:

7

Clothing was collected and handed in a clothing evidence collection bag to Mr Madupela of Forensic Pathology Services Garankuwa. Seal Number: FSG394873.

An oral swab for DNA was taken and handed to Mr Madupela of Forensic Pathology Service Garankuwa. Seal Numbers: PA5000486909.

Samples of stomach content, urine and blood were sealed in a Toxicology Kit (Seal Number; TX001182) and were handed to Mr Madupela of Forensic Pathology Services Garankuwa.

### 9. ADDITIONAL OBSERVATIONS/COMMENTS

History of death following shooting as per SAP 180

Postmortem photography was performed by Mr N.N Khonza of LCRC Brits.

Additional photography was performed by the SAPS Ballistics Unit, Mr M.E. Shadung.

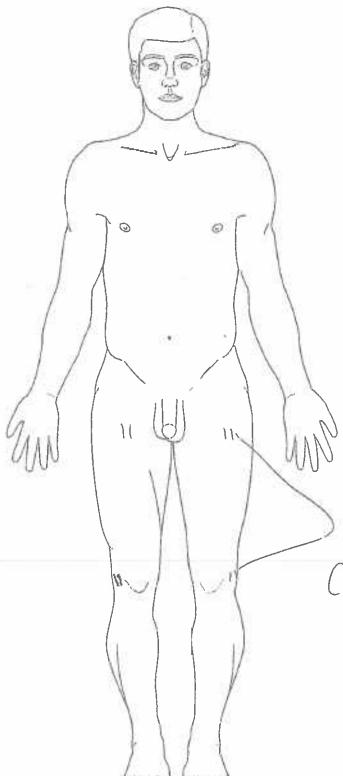
The cardiothoracic organs were collected and handed to Mr Madupela of Forensic Pathology Services Garankuwa for Occupational Health investigation.

Insufficient blood was present to allow for testing of blood alcohol.



Examination of DR 579 |2012 on |22|06|12

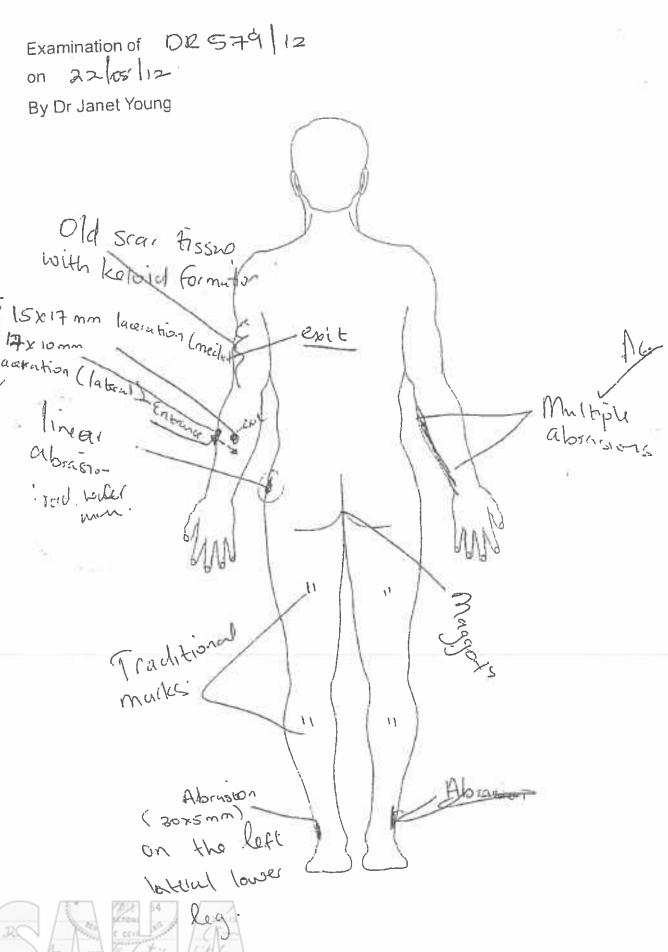
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### REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS

### NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

in terms of the Births and Deaths Registration Act,

1992 (Act No. 51 of 1992) · Must be completed in black ink (please tick / where applicable). SERIAL No. · Please refer to instructions DATE: 22 FILE NOWS 79 Date of birth A PARTICULARS OF DECEASED INDIVIDUAL 986 63 Date of Identity number death of deceased Age at last years birthday Surname MO Maiden Name If death occurred within (If female) 24 hours after birth Forenames 0/0 number of hours alive Civil Marriage MARITAL STATUS OF DECEASED Single Living as married Left thumb print of deceased Religious Law Marriage Customary Marriage PLACE OF BIRTH (Municipal district or country if abroad) . RS R FOF DEATH (City / Town / Village) WONZEYROP REGISTRATION OF DEATH . South CITIZENSHIP OF DECEASED. **B PARTICULARS OF INFORMANT** Identity number thumb print Initials and Surname Child Other kin Parent Spouse Relationship to deceased Postal address Dialling Postal Code Was the next of kin of the deceased a Refuse to No Yes anoker\* during the past five years? answer 477 Date: 0/2 Signature PARTICULARS OF FUNERAL UNDERTAKER Office Stamp of Funeral Undertaker itials and Surname n No. Place of burial / cremation 1(c Signature I CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE Postal address he undersigned, hereby certify that the deceased named in Section A, to the best my knowledge and belief, died solely and exclusively due to NATURAL CAUSES. specified in Section G. ie undersigned, am not in the position to certify that the deceased died exclusively to natural causes. Postal Code ials and Surname : Signed Signature SAMDC / SANC Reg. No. MOORAD CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST undersigned, hereby certify that a medicologal post-mortem examination has been conducted on POTCHEESTROOM 2 ody of the person whose particulars are given in Section A and that the body is no longer red for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and that the cause of death is: SPECIALIST FORENSIC PLTUN 'al (Cause of Death as indicated in Section G) Unnatural Under investigation Postal Code s and Surname 11910D of MDC Reg. No. morteth Date signed Signature R OFFICIAL USE ONLY Initials and Sarname or Registrar Office Stump Registration of Death approved und Burial Order issued Force No / Designation No. Persal No I

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REGISTERED RESIDENTAL AND POSTAL ADDRESS

REGISTEREO RESIDENTIAL AND POSTAL ADDRESS

1. Neep the proof of the REGISTERED RESIDENTIAL AND POSTAL ADDRESS in his packet.

2. Know taye cramped your eddress, or, if particulars of your missent address, e.g. in inside street and/or street number, etc.; have been that persist of NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the history document must be used to report the change and it must be handed in at or posted to the nearest regional district office or the TEPARTMENT OF HOME AFFAIRS.

I.D.No.

S.A.BURGER/S.A.CITIZEN

VANJEURNAME :

JI JASE

VCCRNAME/FORENAMES

PATRIC AKHONA

GEBOORTEDISTRIK OF LANDY DISTRICT OF COUNTRY OF BIRTH

SOUTH AFRICA

DATUM LITGEREIK DATE ISSUED

2008-09-03

UITGEREIK OF GEFAR VAN GIRBRTEUR-GENERAALI BINNELNHORE SAKE

### GEREGISTREERDE WOON- EN POSADRES

- Bewaar die bewys van u GEREGISTREERDE WOON- EN POSADRES in hierdie sakkie.
- Indien u van adres verander het, of indien besonderhede van u huidige adres, bv. straatnaam en/of -nommer, ens. verander het, moet die vorm KENNISGEWING VAN ADRESVERANDERING, wat in die sakkie agter in die identiteitsdokument is, gebruik word om die verandering aan te meld en moet dit ingedien word by of gepos word aan die naaste streek- distrikkantoor van die DEPARTEMENT VAN BINNELANDSE SAKE.

### 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 harded in at or posted to the nearest regional district office of the DEPARTMENT OF HOME AFFAIRS.

I.D.No.

S.A.BURGER/S.A.CITIZEN

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VAN/SURNAME

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VOORNAME/FORENAMES

NYANISO

GEBOORTEDISTRIK OF-LAND/ DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBOORTEDATUM/ DATE OF FIRTH

1963-12-25

DATUM UITGEREIK DATE ISSUED

2010-10-07

UITGEREIK OP GESAG VAN DIE DIREKTEUR-GENERAAL: BINNELANDCE BAKE

ISSUED BY AUTHORITY OF THE DIRECTOR-GENERAL:







### SOUTH AFRICAN POLICE SERVICE

Body number DR 579 [2/

## AUTHORITY TO HAND OVER BODY AND ACKNOWLEDGEMENT OF RECEIPT

	To: The Commander	
	Government Mortuary	•
	procena.	\$ 2001
		PART A
	ALITHORITY	TO HAND OVER BODY
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1	Date (0) 2 -08 - 20	authorised person)
	A	ddress
		***************************************
		(Tel. No.083 522 6849;)
}		PART B
	ACKNOWLED	GEMENT OF RECEIPT
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## REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HEALTH NORTHWEST PROVINCE

### REPORT ON A MEDICO-LEGAL POSTMORTEM EXAMINATION Marikana CAS No.: 137-08- 2012

To the Magistrate of RUSTENBURG

I, Dr Ruweida Moorad, hereby take oath and say:

I am in the Service of the Department of Health NorthWest Province as a **Full-Time District Forensic Specialist**.

I am registered with the Health Professions Council of South Africa as a **Specialist Forensic Pathologist [MP NO. 0442003].** 

Under the provisions of the **Inquest Act 58 of 1959**, a complete postmortem examination was performed at the **Department of Health**, **Medico-Legal Laboratory**, **GaRankuwa** on **22**<sup>nd</sup> **August 2012** beginning at **10h30**.

This body was identified to me by: Mr Sekhute of Forensic Pathology Services, Phokeng.

The dissector was Mr Kgasi of Forensic Pathology Services, Brits

as being that of an: Adult Black Male (PM 579/2012)

whose estimated age was: approximately 20-40 years of age

The deceased was certified dead on 16th August 2012 (time of death not provided)

**06 days** prior to my examination.

- PRESENTATION, CLOTHING AND PERSONAL EFFECTS: The body appears to the examiner
  as indicated above. Identification is by mortuary number written on the body bag, on white paper
  enclosed in the body bag and by toe-tag and refers to mortuary reference '579-2012'. The
  deceased was clad in blue jeans, grey shoes, a blue hooded sweatshirt, beige t-shirt and blue
  underwear at the time of autopsy. No other identifying features were present.
- 2. **POSTMORTEM CHANGES:** The body was refrigerated. Livor mortis was difficult to assess. The eyes showed corneal clouding. The vermillion borders of the lips were dry. No other postmortem changes were noted.
- 3. EVIDENCE OF MEDICAL INTERVENTION: NII



Ph.

**Neck:** The neck showed no indication of abrasion, asymmetry or other abnormality. No palpable crepitus or hypermobility was present.

**Torso:** The torso showed no signs of injury. The chest was symmetrical and there was no palpable crepitus or bony deformities. The abdomen appeared flat with no palpable evidence of organomegaly. Pubic hair was present in the usual male distribution. The external genitalia were unremarkable. The perineum and anorectal areas showed no injuries. The inguinal regions and buttocks were normal.

**Upper and Lower Extremities:** The upper and lower extremities were well developed, muscular and symmetrical. Injuries were noted to the left forearm (Refer to Paragraph 4, A5-A8). No palpable or visible fractures were noted.

### 6. INTERNAL EXAMINATION:

### **Evisceration Method:**

3

The thoracic and abdominal organs were removed using a modified Ghon Technique (en-bloc)

### **TORSO**

The skin of the chest and abdomen was reflected using the usual Y-shaped incision. Subcutaneous fat and musculature were normal for age and gender. No rib fractures were present. Bilateral fibrous adhesions of the upper lobes of the lungs were present. There were no abnormal collections of blood or fluid in the chest or abdomen. The sternum was intact. Examination of the chest organs in-situ showed normal anatomical relationships. The abdominal organs showed no pathology.

Organ Weights: (Not taken as no organ scale was available)

**Cardiovascular System:** The pericardial sac contained less than 50mls of light yellow straw-coloured fluid. The heart appeared to be of the normal size and shape. No epicardial petechial haemorrhages were noted. The coronary arteries were normally distributed and were maximally patent throughout their lengths. The epicardium, valve leaflets, chordae, and endocardium appeared normal. The myocardium was reddish-tan throughout and no focal myocardial lesions were observed.

**Respiratory System:** The trachea and bronchi appeared pale. The pleural surfaces of both lungs showed fibrous adhesions of the upper lobes. There was no indication of infarction or neoplasia. The cut section of the lungs showed congestion and oedema.

**Digestive system:** The oesophagus appeared pale. The stomach contained a small amount of pale pink-cream liquid and the mucosa appeared pale with no ulceration or perforation. The small and large bowel appeared normal.

**Hepatobiliary System:** The gallbladder contained clear bile. The liver was normal externally and on cut section appeared congested.

Reticuloendothelial System: The spleen had a wrinkled capsule and appeared congested on cut section.

**Urogenital system:** The kidneys were symmetrical and the capsules stripped easily to reveal smooth and even surfaces. The cut section of the kidneys showed a normal corticomedullary ratio. The cut surfaces appeared congested.

### HEAD

The scalp was reflected using the standard intramastoidal incision. Focal deep scalp bruising of the right temporal and left frontal scalp was present. A circular laceration of the right temporal scalp was noted. Comminuted skull fractures of the right temporal and parietal bones were noted, with extension of the linear fractures to the base of the right middle cranial fossa. Fractures of the left frontal bone were noted.



Run.

**4. POSTMORTEM IMAGING STUDIES:** Postmortem radiographic examination performed at Garankuwa Forensic Pathology Services Facility, showed small fragments of radio-opaque material present in the skull, noted on the right side. No other fragments or projectiles were noted.

### 5. EXTERNAL EXAMINATION:

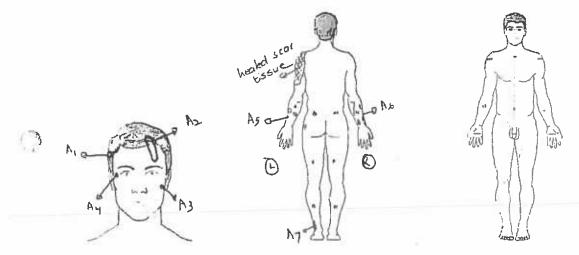
(Note: All injuries are numbered for reference. This is arbitrary and does not correspond to any order in which they may have been incurred)

### **Recent Injuries:**

- A1 A circular laceration of the right temporal scalp was noted. The wound measured 14x8mm and was located 75mm superior to the external auditory meatus of the right ear. The wound had a 6mm posterior rim of abrasion. No firearm discharge residue was noted. The wound tract passed through the temporal bone, passing to the left and anteriorly causing laceration of the brain.
- A2 A laceration of the left frontal area of the scalp was present. The wound measured 85x30mm and was located 158mm anterior and slightly superior to the external auditory meatus of the left ear. The wound edges were irregular and underlying exposed fractured skull fragments were visible.
- A3 A 15mm circular abrasion of the left cheek was present 25mm anterior to the left ear.
- A4 A 21mm circular-oval abrasion of the right upper cheek was noted.
- A5 On the left forearm was a circular laceration, measuring 17x10mm. This laceration had a circumferential 6mm rim of abrasion, which was broader on the lateral margin. No firearm discharge residue was noted. The wound tract passed medially and subcutaneously, towards the ulnar side of the forearm, to exit in an oval laceration measuring 15x17mm.
- A6 Multiple linear and small oval abrasions of the right forearm were present.
- A7 A linear abrasion of the lateral malleolus of the left ankle was noted, measuring 30x5mm.
- A8 Numerous small superficial incisions of the anterior posterior lower limbs, sides of the buttocks and forearms were present. These marks measured approximately 5mm in length and were parallel to each other, in pairs of two incisions.

### Old Injuries:

The left upper arm and anterior shoulder were covered with healed scar tissue and keloid formation.

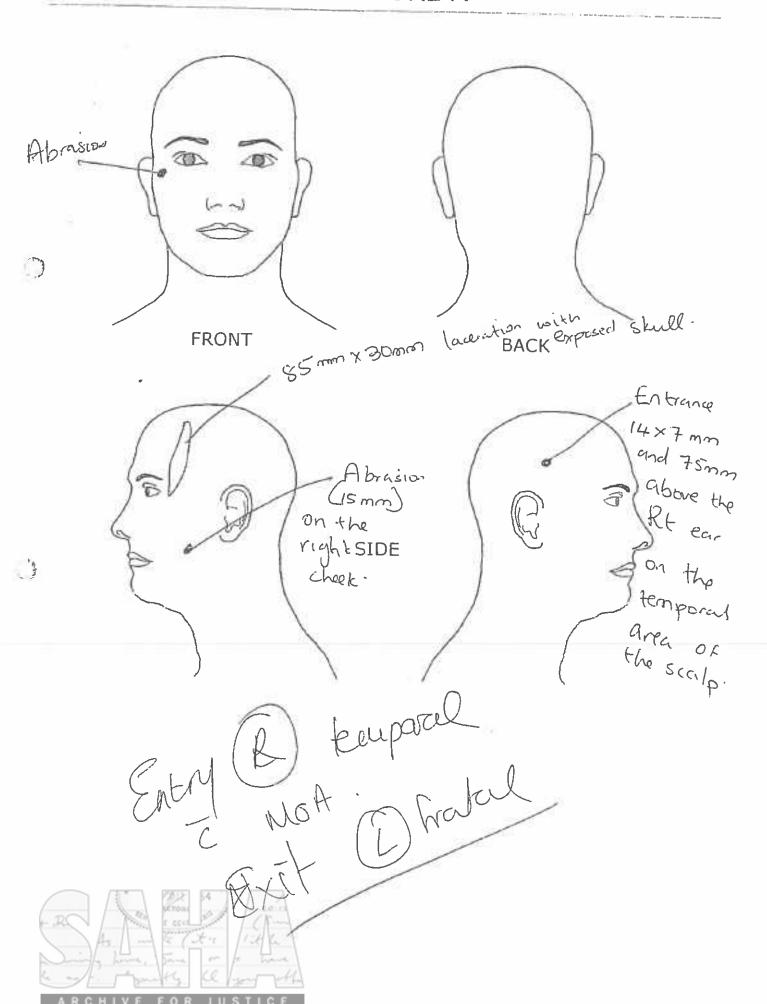


**General:** The deceased was of slender, muscular build (Height – 1.72m; Weight – 51kg). Body habitus and hair distribution were normal for age and gender. There was no evidence of dehydration. No peculiar odours or colour changes were noted. There was no visible or palpable lymphadenopathy.

**Head:** The face showed evidence of trauma (Refer to Paragraph 5 - A5). The scalp and soft tissues of the head were injured (Refer to Paragraph 5 - A1-A4). The head appeared distorted in shape with multiple palpable comminuted skull fractures. The left eye was distorted. The conjunctival vessels were pale and there were no ocular or facial haemorrhages. The tongue, lips and gums were free of injury.



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SOUTH AFRICAN POLICE SERVICE

IDENTIFIC	ATION	OF E	RODY
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Station/Government Mortuary
in printing 1, Myaniso Ndlumbane
Identity number *an/a *adult/minor *White/Black/Asian/Coloured
-male/female residing at Many Kana
On 2012-08-20 at the Government Mortuary, PMOKENG
I identified the body of a 'White/Black/Asian/Coloured 'male/female to 'medico legal assistant
as being that of Patric Aknowa Sijase.
Particulars of deceased:
1. Identity number. 2. Date of birth 1980-03-12.
3. Residential address MANIKOMA
4. Employed at Longe 4
4. Employed at LON 1996  5. Relationship to deponent
7. Name and address of *residence/employment of deceased's *husband/wife/father/mother/brother/sister/other
relative Cubantalu.
"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."
<ul> <li>1. I know and understand the contents of this declaration.</li> <li>2. I have objection/no objection to taking the prescribed oath.</li> <li>3. I consider the prescribed oath to be binding/not binding on my conscience.</li> </ul>
ATIN_
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
Full first names and surname 204 Runa Mhulwane
Business address (Street address of Police Station) SCAL RYLA SECTION PROFILE
Business address (Street address of Police Station) SONEVIA SECTION Phokena
Designation (rank) South African Police Service
*Delete and Initial words not applicable.
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## POLISIERAPPORT WAT LYK NA LYKHUIS VERGESEL POLICE REPORT ACCOMPANYING BODY TO MORTUARY

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## REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HEALTH NORTHWEST PROVINCE

## REPORT ON A MEDICO-LEGAL POSTMORTEM EXAMINATION Marikana CAS No.: 137-08-2012

To the Magistrate of RUSTENBURG

I, Dr Ruweida Moorad, hereby take oath and say:

I am in the Service of the Department of Health NorthWest Province as a **Full-Time District Forensic Specialist.** 

I am registered with the Health Professions Council of South Africa as a **Specialist Forensic** Pathologist [MP NO. 0442003].

Under the provisions of the **Inquest Act 58 of 1959**, a complete postmortem examination was performed at the **Department of Health**, **Medico-Legal Laboratory**, **Potchefstroom** on **22**<sup>nd</sup> **August 2012** beginning at **13h30**.

This body was identified to me by: Mr Sekhute of Forensic Pathology Service Phokeng. The prosector was Mr Noko of Forensic Pathology Services Rustenburg.

as being that of an: Adult Black Male (PM 580/2012)

whose estimated age was: approximately 40-45 years of age

The deceased was certified dead on 16<sup>th</sup> August 2012 (time of death not supplied)

05 days prior to my examination.

- 1. PRESENTATION, CLOTHING AND PERSONAL EFFECTS: The body appears to the examiner as indicated above. Identification is by mortuary number written on a grey plastic body bag, on white paper enclosed in the body bag and by toe-tag and refers to mortuary reference '580-2012'. The deceased was clad in a dark brown tracksuit pants, black jersey, black t-shirt, black shoes, brown socks and blue underwear. Defects on the upper body clothing matched wounds on the body. A light blue string was fastened around the waist. No other identifying features were present.
- 2. **POSTMORTEM CHANGES:** The body was refrigerated. Livor mortis was difficult to assess. The eyes showed corneal clouding. The vermilion borders of the lips were dry. No other postmortem changes were noted.



### 3. EVIDENCE OF MEDICAL INTERVENTION: Nil

**4. POSTMORTEM IMAGING STUDIES:** Postmortem radiography was performed and showed the presence of small circular pellets present in the chest, arm and neck area.

#### 5. EXTERNAL EXAMINATION:

(Note: All injuries are numbered for reference. This is arbitrary and does not correspond to any order in which they may have been incurred)

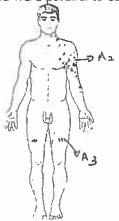
### Recent Injuries:

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A1 – On the right mid-back was a circular laceration. The wound measured 13x10mm and was located 105mm to the right of the midline. The wound had a 9mm infero-lateral area of abrasion. No tattooing or blackening of the wound was noted. Small tears or lacerations radiated from the inferior aspect of the wound. The wound tract passed superiorly and towards the left, causing soft tissue haemorrhage of the underlying tissue. The exit wound was located on the left upper back at the midline. This wound measured 25x15mm.

A2 – Multiple small circular perforating lacerations of the left upper arm and left upper forearm. Left axilla, left neck and left chest were noted. The maximum total area covered by these wounds measured 260x400mm. The circular wounds on the left shoulder and arm ranged in size from 5-7mm. The wounds on the left axilla were larger and more oval and ranged in size from 10mm to 25mm.

A3 - Small linear parallel abrasions of the lower limbs and upper limbs were noted. The wounds measured approximately 5mm in length and were parallel to each other, in groups of two or three.



**General:** The deceased was of medium, muscular build (Height - 1.68m; Weight - 62kg). No peculiar odours or colour changes were noted.

**Head:** The face showed no evidence of trauma. The scalp and soft tissues of the head were otherwise normal. The nasal and facial bones were without palpable fracture. The conjunctival vessels were pale and there were no ocular or facial haemorrhages. The tongue, lips and gums were free of injury.

**Neck:** The neck showed left sided circular lacerations ranging in size from 5-7mm. (Refer to Paragraph 5, A2).

**Torso:** The torso showed signs of injury (Refer to Paragraph 5, A1, A2). The abdomen was moderately distended. The perineum and anorectal areas showed no injuries. The inguinal regions and buttocks were normal.

**Upper and Lower Extremities:** The upper and lower extremities were well developed, muscular and symmetrical. Injuries to the left upper arm and forearm were noted (Paragraph 5, A2 and A3).





### 6. INTERNAL EXAMINATION:

### **Evisceration Method:**

The thoracic and abdominal organs were removed using a modified Ghon Technique (en-bloc)

### **TORSO**

The skin of the chest and abdomen was reflected using the usual Y-shaped incision. Subcutaneous fat and musculature were normal for age and gender. Fracture of the left  $3^{rd}$  rib laterally was present. There were bilateral haemothoraces (Right = 400ml; Left = 500mls). Upper left sided intercostal muscle contusion was noted. The sternum was intact. Examination of the chest organs in-situ showed normal anatomical relationships. The abdominal organs showed no pathology. No signs of sepsis were present. The diaphragm was normal. No pelvic fractures were palpable.

A field dissection of the skin of the back was done and showed extensive right sided soft tissue haemorrhage.

Organ Weights: Not taken.

**Cardiovascular System:** The pericardial sac contained less than 50mls of clear straw-coloured fluid. The heart appeared to be of the normal size and shape. No epicardial petechial haemorrhages were noted. The coronary arteries were normally distributed and were maximally patent throughout their lengths. The epicardium, valve leaflets, chordae, and endocardium appeared normal. The myocardium was reddish-tan throughout and no focal myocardial lesions were observed.

**Respiratory System:** The trachea and bronchi appeared congested. The pleural surfaces of both lungs were smooth. Several perforations of the right and left lungs were noted; on the right sided 6 perforations were present; on the left side 5 perforations of the upper and lower lobes were noted. There was no indication of infarction or neoplasia. The cut section of the lungs showed haemorrhage.

**Digestive system:** The oesophagus appeared pale. The stomach contained a small amount of pale pink-red liquid and the mucosa appeared pale and intact. The small and large bowel appeared normal.

**Hepatobiliary System:** The gallbladder contained clear bile. The liver was normal externally and on cut section appeared congested.

Reticuloendothelial System: The spleen had a wrinkled capsule and appeared soft on cut section.

**Urogenital system:** The kidneys were symmetrical and the capsules stripped easily to reveal smooth and even surfaces. The cut section of the kidneys showed a normal corticomedullary ratio. The cut surfaces appeared congested.

### HEAD

The scalp was reflected using the standard intramastoidal incision. No deep scalp bruising was present. No skull fractures were noted.

**Brain:** The brain appeared mildly swollen with flattening of the gyri and narrowing of the sulci. No intracranial haemorrhage was noted. There were no signs of raised intracranial pressure. The basal vessels were widely patent and showed no abnormality. The cerebellum and brainstem were normal. Serial coronal sections of the cerebral hemispheres revealed no remarkable pathology.

**Neck and Pharynx:** A strip dissection was performed. The skin of the neck was reflected in layers up to the angle of the mandible. There was evidence of soft tissue trauma to the left side of the anterior neck compartment. The left lobe of the thyroid gland was lacerated and showed haemorrhage. The hyoid bone and thyroid cartilage were free of fracture. The carotid arteries appeared pliable and free of injury. Several lacerations of the left jugular vein were noted.

**Spinal Column and Cord:** No fractures were palpable. The cord was not examined.

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### 7. SUMMARY OF INJURIES/FINDINGS:

Adult Black Male
History of shooting
Distant shotgun pellet wounds of the chest, neck and left arm
Lacerated lungs
Bilateral haemothoraces
Lacerated left jugular vein
Distant perforating gunshot wound of the back
Soft tissue haemorrhage of the back

000375

### 8. ANCILLARY INVESTIGATIONS:

- Clothing was collected and handed in a clothing evidence collection bag to Mr E.M. Madupela of Forensic Pathology Services Ga-Rankuwa. Seal Number: FSG394874.
- An oral swab for DNA was taken and handed to Mr E.M. Madupela of Forensic Pathology Service Ga-Rankuwa. Seal Numbers: PA5000486908.
- Samples of stomach content, urine, blood and eye fluid were sealed in a Toxicology Kit (Seal NumberTX000150) and were handed to Mr E.M. Madupela of Forensic Pathology Services Ga-Rankuwa
- Femoral blood for blood alcohol was taken and handed to Mr E.M. Madupela of Forensic Pathology Services Garankuwa. Seal Number: PMK070599/60.
- Pellets extracted from the body were handed to Mr E.M. Madupela of Forensic Pathology Services Garankuwa and were sealed in an evidence bag with Seal Number: FSB 1050950.

### 9. ADDITIONAL OBSERVATIONS/COMMENTS

History of death following shooting as per SAP 180

Postmortem photography was performed by Mr N.N Khonza of LCRC Brits.

Additional photography was performed by the SAPS Ballistics Unit, Mr M.E. Shadung.

The cardiothoracic organs were collected and handed to Mr E.M. Madupela of Forensic Pathology Services Ga-Rankuwa for Occupational Health investigation.



Den

### **CAUSE OF DEATH STATEMENT:**

Dated at Potchefstroom

As a result of my observations, I concluded that the cause/causes of death was/were:

### SHOTGUN WOUNDS OF THE NECK AND CHEST

I declare that I know and understand the contents of this statement.

I have no objection to taking the prescribed oath.

I consider the prescribed oath to be binding on my conscience.

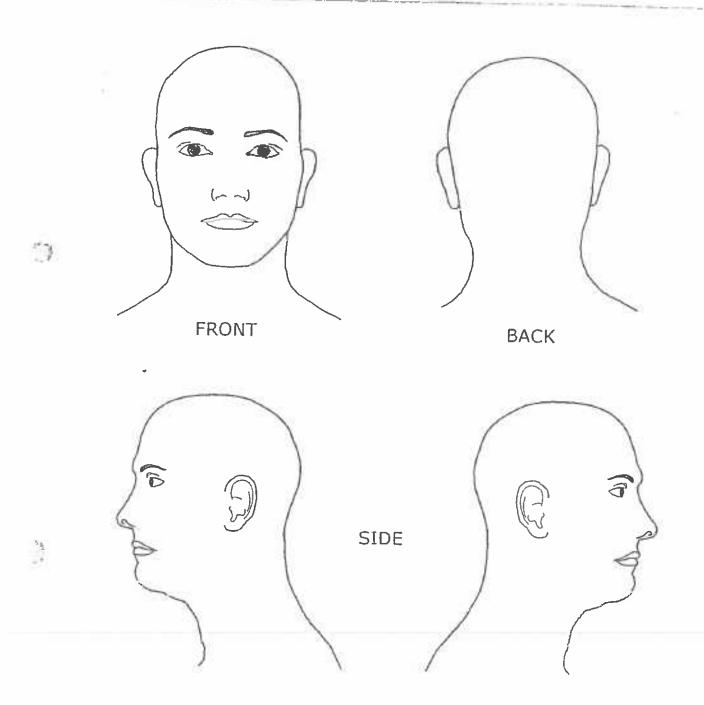
I swear that this statement is true, so help me God.

on this O3rd day of Senerch & 2012

SIGNATURE:	allean
QUALIFICATIONS:	MB BCh BAO, LRCP & S (I), FC For Path (SA)
DESIGNATION:	SPECIALIST FORENSIC PATHOLOGIST
ADDRESS AND TELE	PHONE NUMBER:
1100	Private Bag X1253, Potchefstroom, 2520, NorthWest Province  ), Fax: (018) 294 4509
contents of the above and considers it bind	onent has acknowledged that she knows and understands the e declaration, that she has no objection to taking the prescribed oath ling on her conscience.  Igned before me at: POTCHEFSTROOM
On this 3 de	day of SEPTEMBER 2012
COMMISSIONER OF	OATHS: R.S.A.
FULL NAME:	JACOBUS MULLER (A. D.) MORTUARY MANAGER 0405953-1
DESIGNATION:	25 O R THAMPO AVE
BUSINESS ADDRESS	POTCHEFSTROOM 2520
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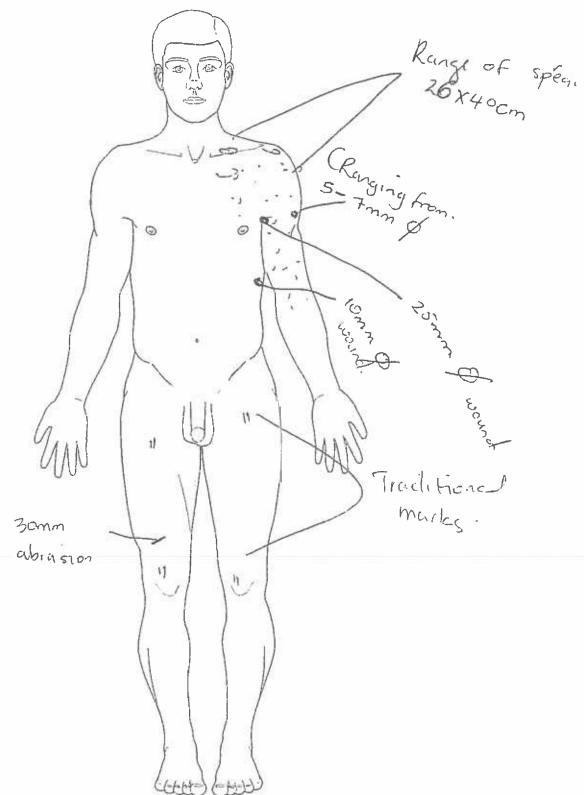
## ANNEXURE A





Examination of DR 580/12
on 22/08/12

by





Examination of DE 580 12
on 22/05/12
By Dr Janet Young

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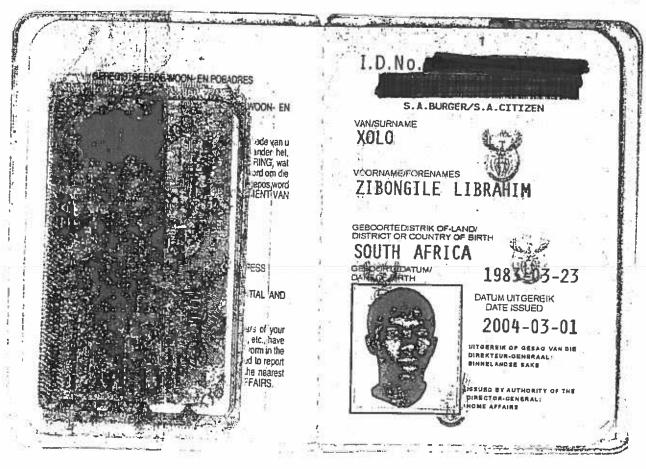
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### SOUTH AFRICAN POLICE SERVICE

Body number DRS 80 12

## AUTHORITY TO HAND OVER BODY AND ACKNOWLEDGEMENT OF RECEIPT

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	Government Mortuary	
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	PART B	
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	Address	
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SOUTH AFRICAN POLICE SERVICE

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as being that of BONDINKOSI YONA
as being that of PONGINLOSI SONA
Particulars of deceased:
1. Identity number 2. Date of birth 1780 172 06
3. Residential address
4. Employed at FIS CON 1971 (NUM
5. Relationship to deponent
7. Name and address of *residence/employment of deceased's 'husband/wife/father/mother/brother/sister/other
relative
"The content of this declaration is true to the best of my knowledge and belief.
"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 faise or believe not to be true, I could be liable to prosecution."
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.
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