

A580

DEATH REGISTER NO PHOKENG 569/2012

G.P.-S

REPUBLIC OF SOUTH AFRICA

GW 7/15

MEDICO LEGAL POST-MORTEM REPORT

000103

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) 7009247, Fax No.: (012) 5600161),

state under oath:

I am in the service of the Government as a Head of Clinical Unit (Medical) at Ga-Rankuwa FPS and Acting HOD/Snr. 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 21, 2012 commencing at 15h45, I examined the body of a **BLACK ADULT MALE** marked PHOKENG 569/2012. I recorded my findings which facts I ascertained by means of an examination requiring skill in biology, anatomy and pathology.
2. The body marked PHOKENG 569/2012 was identified to me by P T Sekhute, Persal No. 05219787, who is a Facility Manager at Phokeng FPS in the North-West Province.
3. Death, as informed, occurred on August 16, 2012. The time of death was unavailable.
4. The chief post-mortem findings made by me on the body were:
 1. *A single perforating bullet wound through sides of chest, entering on right side of chest, perforating both lungs and heart, and exiting on the left side of chest. The autopsy features of this wound are in keeping with those of high-velocity firearm. No signs of 'range of fire' could be detected.*
 2. *Approximately 1000 ml of free blood in chest cavities.*
 3. *Irretrievable tiny bullet fragments were seen on X-ray on left side of chest.*
 4. *There are no scarification marks on the skin.*
 5. *No evidence of any other significant forms of trauma other than gunshot wounds.*
 6. *Relevant evidence was collected and is listed at the end of this report.*
 7. *SAP 180 stated that the deceased was shot.*
5. That as a result of my observations I concluded that the cause of death was:

A SINGLE PERFORATING GUNSHOT WOUND OF CHEST

1. *KHL*



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.

7. **Orbital, nasal and aural cavities:** Are intact and show no macropathology.
8. **Mouth, tongue and pharynx:** Are intact and show no macropathology.
9. **Neck structures:** Are intact and show no macropathology.

CHEST

10. **Thoracic cage and diaphragm:** *There is a bullet perforation with surrounding soft tissue hemorrhage through the right 7th intercostal space laterally. There is a relatively large gaping bullet perforation, with multiple bone fragments and associated tissue, hemorrhage through the left 7th rib laterally (some of bone spicules were in the track of wound B on skin). There is approximately 1000 ml of free blood in total in chest cavities. There are 3 tiny superficial wounds (these wounds are not on the skin) on parietal pleura of left 9th intercostal space laterally - consistent with secondary missile wounds.*
11. **Mediastinum and oesophagus:** Oesophagus is intact and shows no macropathology. Mediastinum is unremarkable.
12. **Trachea and bronchi:** *There is minor free blood in bronchia, but these structures are intact.*
13. **Pleurae and lungs:** *There is a bullet perforation of the lower part of lower lobe of right lung and the lung is not collapsed. There is a gaping bullet perforation with extensive lacerations on lower part of lower lobe of left lung with mild collapse. Both lungs show extensive anthracosis and bullae - consistent with emphysema; together with rubbery nodules within lungs and pleural fibrosis in areas. Both lungs are mottled.*
14. **Heart and pericardium:** *There is a bullet defect of the whole of posterior wall of the left ventricle showing marginal lacerations and leaving a large gaping defect with no traceable bullet hole. The cardiac valves and coronary arteries show no macropathology. The atria are unremarkable. Remaining walls of ventricles show no macropathology.*
15. **Large blood vessels:** The aorta is normal with no significant atherosclerosis present. The carotid arteries are normal with no significant atherosclerosis present. No pulmonary artery thrombo-embolism is present.

ABDOMEN

16. **Peritoneal cavity:** Is intact and shows no macropathology.

17. **Stomach and contents:** Intact, contains partially digested food.
18. **Intestines and mesentery:** Show no abnormalities on external examination. The intestine was not opened.
19. **Liver, gall-bladder and biliary passages:** The liver is intact and unremarkable. The gall bladder is intact and contains normal amount of bile.
20. **Pancreas:** Unremarkable.
21. **Spleen:** Intact and show no macropathology.
22. **Adrenals:** Unremarkable.
23. **Kidneys and ureters:** Both kidneys are intact and show no macropathology. The capsules stripped with ease.
24. **Urinary bladder and urethra:** Unremarkable.
25. **Pelvic walls:** Intact.
26. **Genital organs:** Normal male genitalia.

SPINE

27. **Spinal column:** Intact.
28. **Spinal cord:** Not exposed.

SPECIMENS SENT FOR FURTHER INVESTIGATION

- 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 string with a metal seal no PMK071153 was cut. Both the tube and the container were marked PHOKENG 569/2012. After placing the bottle into the polystyrene container, the container was resealed with a new piece of string and a metal seal no PMK071154 and handed to Forensic Officer B Mogakane, Garankuwa FPS.
- **TOXICOLOGY:** The stomach and contents, liver, urine and blood were placed in a plastic box marked PHOKENG 569/2012 and sealed with seal no. TX001143. The box was handed to Forensic Officer B Mogakane, Garankuwa FPS.
- Blood and mouth swabs were taken and sealed in a SAPS DNA evidence bag with seal no. PA5000486903 and handed to Forensic Officer B Mogakane, Garankuwa FPS.
- The thoracic block organs were taken and placed in a NIOH plastic container with formalin and container was labeled Phokeng 569/2012.

ASSISTANTS AT THIS AUTOPSY:



- Dr Marna du Plessis, a Forensic Registrar at Garankuwa FPS scribed and also helped with the collection of evidence.
- Dissectors were Forensic Officer S O Shisana (Garankuwa FPS) and D Makabe (Phokeng FPS).
- X Ray Examination was performed by SFO S I Farhina of Pretoria FPS, Persal No. 04227743.
- FO Baby Mogakane received all evidence, exhibits and specimens that were collected at this autopsy.

THE FOLLOWING PERSONS WERE PRESENT DURING AUTOPSY EXAMINATION:

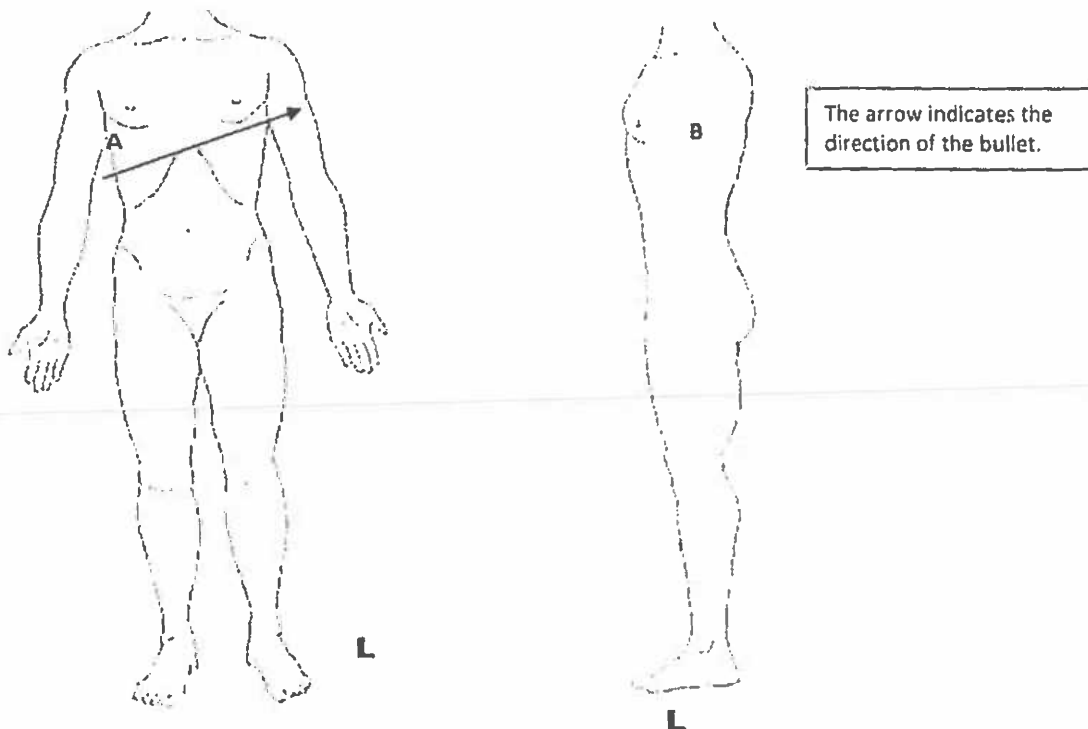
- W/O G C van Eeden (For.Science)
- A/O E Coetzee – Ballistic, SAPS Silverton
- Lt. Col L W Visser – Ballistics, SAPS Silverton.
- Asst.Dir C de Jager, IPID
- Const Motloung – (LCRC, Brits).

ADDITIONAL OBSERVATIONS

- BI1663 for number A07501061 signed.

DIAGRAM

Diagram depicting bullet wounds in paragraph 4.



KAMH

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 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.

K K Hlaise

K K Hlaise
Principal Specialist/Snr Lecturer
Head of Clinical Unit (Medical)
MBChB, DTM&H, Cert. Med & Law, Dip. For Med, FC For. Path

Place : Ga-Rankuwa FPS
Date : 19/09/2012

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.

[Signature]

COMMISSIONER OF OATHS

Full Name (in BLOCK letters): P. M. NCHANGU
Business Address (In BLOCK Letters): 6573 KRO-LEW SIR.

ZONE 5
Ga-Rankuwa

Designation (Rank): A.D.

WALKS IMANCO/ENH

SA
106
SEARCHED
SERIALIZED
INDEXED
FILED

000107



SOUTH AFRICAN POLICE SERVICE

Body number DR569 / r2 /

AUTHORITY TO HAND OVER BODY AND ACKNOWLEDGEMENT OF RECEIPT

To: The Commander
Government Mortuary

Phokeng.

PART A

AUTHORITY TO HAND OVER BODY

You are hereby authorised to hand over the body of Takoli Mangcobywa.

to
of

Place Phokeng

Date 2012-08-20

(Signature of next of kin or other authorised person)

Address

(Tel. No. 073 2145 192)

PART B

ACKNOWLEDGEMENT OF RECEIPT

I certify having received the body of

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

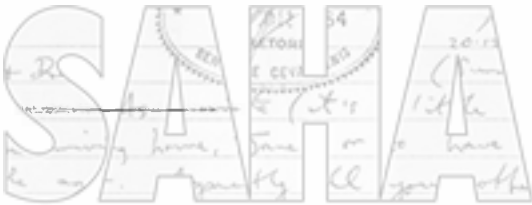
Place

Date

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

Address

(Tel. No.)





SOUTH AFRICAN POLICE SERVICE

IDENTIFICATION OF BODY

*Station/Government Mortuary... Phokeng *CAS/CR/Serial No. 569/12

In printing

I, ... Never David Mangcojwa.

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

*male/female residing at... [redacted]

*State under oath/confirm

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

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

as being that of Tokobi Mangcojwa

Particulars of deceased:

1. Identity number. [redacted] 2. Date of birth 1951-03-30

3. Residential address wonderkop- marikana

4. Employed at Lonmin

5. Relationship to deponent Uncle 6. Marital status Married

7. Name and address of *residence/employment of deceased's *husband/wife/father/mother/brother/sister/other relative Steadsville

"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]

Signature/thumb print/mark

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

[Signature]

(Signature) Commissioner of Oaths

Full first names and surname Joy Anna Mbulwane

Business address (Street address of Police Station) Salema Section Phokeng Forensic Medico legal service

Designation (rank) A/C South African Police Service

*Delete and initial words not applicable.





000109

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

SAPD 13 Nr SAPS 13 No.....	Lyk Nr Body No.....
Naam van lid/persoon van wie lyk ontvang word Name of member/person from whom body is received.....	
Nommer, rang en naam van lid wat lyk ontvang Number, rank and name of member receiving body.....	

Volle naam en adres van oortedene
Full names and address of deceased.....

Merk toepaslike blok met X / Mark applicable square with X

ID Nr :
ID No :

Wit White	<input checked="" type="checkbox"/> Swart Black	Bruin Brown	Asiër Asian	<input checked="" type="checkbox"/> Manlik Male	Vroulik Female
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In lewe bekend as (volle name)
Known as (full names)

Ouderdom Huwelikstatus Land gebore
Age..... Marital status..... Land born

BESONDERHEDE VAN STERFGEVAL / PARTICULARS OF DEATH

Datum en tyd van dood *Don 10/1/16* Plek van dood *Konstebop*
Date and time of death

Merk toepaslike blok met X / Mark applicable square with X

Motorbotsing Motor accident	Bestuurder Driver	Passasier Passenger	Voetganger Pedestrian	Fietsryer Cyclist	Motorfietsryer Motorcyclist
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Selfmoord Suicide	Vuurwapen Fire-arm	Opgehang Hanging	Pille Pills	Vergas Gassed	Van gebou afgespring Jumped from building	Ander Other
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Ander Other	Van gebou geval Fell from building	Met vuurwapen gedood Killed with fire-arm	Met mes/voorwerp gesteek Stabbed with knife/object	Vergiftig Poisoned
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Sterf onder narkose Died under anaesthetic	Skielike dood sonder mediese geskiedenis Sudden death without medical history	Sterf in aanhouding Died in custody
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Volledige geskiedenis
Full history





000110

SOUTH AFRICAN POLICE SERVICE

IDENTIFICATION OF BODY

*Station/Government Mortuary Phokeng *CAS/CR/Serial No. 369/12

In printing
I never David MangCobywa

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

*male/female residing at [redacted]

On 2012-08-20 *State under oath/confirm at the Government Mortuary, Phokeng

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

as being that of Tokob MangCobywa

Particulars of deceased:

- 1. Identity number [redacted]
- 2. Date of birth 1951-03-30
- 3. Residential address wonderkop- matikana
- 4. Employed at Lonmin
- 5. Relationship to deponent uncle
- 6. Marital status married
- 7. Name and address of *residence/employment of deceased's *husband/wife/father/mother/brother/sister/other relative Starksville

"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]

Signature/thumb print/mark

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

[Signature]

(Signature) Commissioner of Oaths

Full first names and surname Joy Anna Mbulwane

Business address (Street address of Police Station) Salema Section- Phokeng
Forensic Medico legal Service

Designation (rank) A/C South African Police Service

*Delete and initial words not applicable.



Dr. Stein

000111



ARCHIVE FOR JUSTICE

1

I.D.No. [REDACTED]

S. A. BURGER, S. A. CITIZEN

VAN/SURNAME
MANGCOTYWA

VOORNAME/FORENAMES
NEVER DAVID

GEBORTEDISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH
SOUTH AFRICA

GEBORTEDATUM/
DATE OF BIRTH
1959-12-18

DATUM UITGEREK
DATE ISSUED
1994-03-28

UITGEREK OP GESAAG VAN DIE
DIREKTUR-GENERAAL:
SINNELANDSE SAKKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS

1

ERDE WOON- EN POSADRES


van u GEREISTREERDE WOON- EN
ADRES

ander het, of indien besonderhede van u
naam en/of -nommer, ens. verander het,
WISSING VAN ADRESVERANDERING, wat
identiteitsdokument is, gebruik word om die
n moet dit ingedien word by of gepos word
by die kantoor van die DEPARTEMENT VAN

IDENTIAL AND POSTAL ADDRESS

your REGISTERED RESIDENTIAL AND
POSTAL ADDRESS

your address, or, if particulars of your
street and/or street number, etc. have
CHANGED, you must report the
change of address form in the
identity document must be used to report
change, handed in at or posted to the nearest
DEPARTMENT OF HOME AFFAIRS



1

I.D.No. [REDACTED]

S. A. BURGER/S. A. CITIZEN

VAN/SURNAME
MANGCOTYWA

VOORNAME/FORENAMES
TOKOTI

GEBORTEDISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH
SUID-AFRIKA

GEBORTEDATUM/
DATE OF BIRTH
1951-03-30

DATUM UITGEREK
DATE ISSUED
2007-01-24

UITGEREK OP GESAAG VAN DIE
DIREKTUR-GENERAAL:
SINNELANDSE SAKKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS


1

EN

van u
ander het,
naam en/of
nommer, ens.
verander het,
WISSING VAN
ADRESVERANDERING,
wat
identiteitsdokument
is, gebruik word
om die
verandering
in te meld.
Dit moet
ingedien word
by of gepos word
by die kantoor
van die DEPARTEMENT
VAN

AND

your
name and/or
street number,
etc. have
changed, you
must report the
change of address
form in the
identity document
must be used to
report change,
handed in at or
posted to the
nearest
DEPARTMENT OF
HOME AFFAIRS




DRS69/12

I.D.No. [REDACTED]

S.A. BURGER/S.A. CITIZEN

VAN/SURNAME
MANGCOTYWA

VOORNAME/FORENAMES
TOKOTI


GEBORTEDISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH
SUID-AFRIKA

GEBORTE DATUM/
DATE OF BIRTH
1951-03-30

DATUM UITGEREIK
DATE ISSUED
2007-01-24

UITGEREIK OP BESAG VAN DIE
DIREKTUR-GENERAAL
SINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL
HOME AFFAIRS



ERDE WOON- EN POSADRES

van u GEREISTREERDE WOON- EN
ADRES.

Verander het, of indien besonderhede van u
naam en/of -nommer, ens. verander het,
LEWING VAN ADRESVERANDERING, wat
identiteitsdokument is, gebruik word om die
aan moet dit ingedien word by of gepos word
by die kantoor van die DEPARTEMENT VAN

RESIDENTIAL AND POSTAL ADDRESS

your REGISTERED RESIDENTIAL AND
ADDRESS

If your address, or, if particulars of your
name and/or street number, etc., have
changed, you must use a CHANGE OF ADDRESS form in the
identity document must be used to report
any change. This form must be handed in at or posted to the nearest
DEPARTMENT OF HOME AFFAIRS.

I.D.No. [REDACTED]

S.A. BURGER/S.A. CITIZEN

VAN/SURNAME
MANGCOTYWA

VOORNAME/FORENAMES
NEVER DAVID


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

GEBORTE DATUM/
DATE OF BIRTH
1959-12-18

DATUM UITGEREIK
DATE ISSUED
1994-03-28

UITGEREIK OP BESAG VAN DIE
DIREKTUR-GENERAAL
SINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL
HOME AFFAIRS



000114

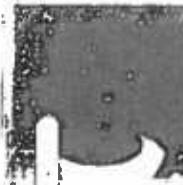
Emp. No. 00716588



Mancotywa

ID. No. [REDACTED]

Ind No. 59147084



Employee Number
00716588



Name: Mancotywa Julius Tokol

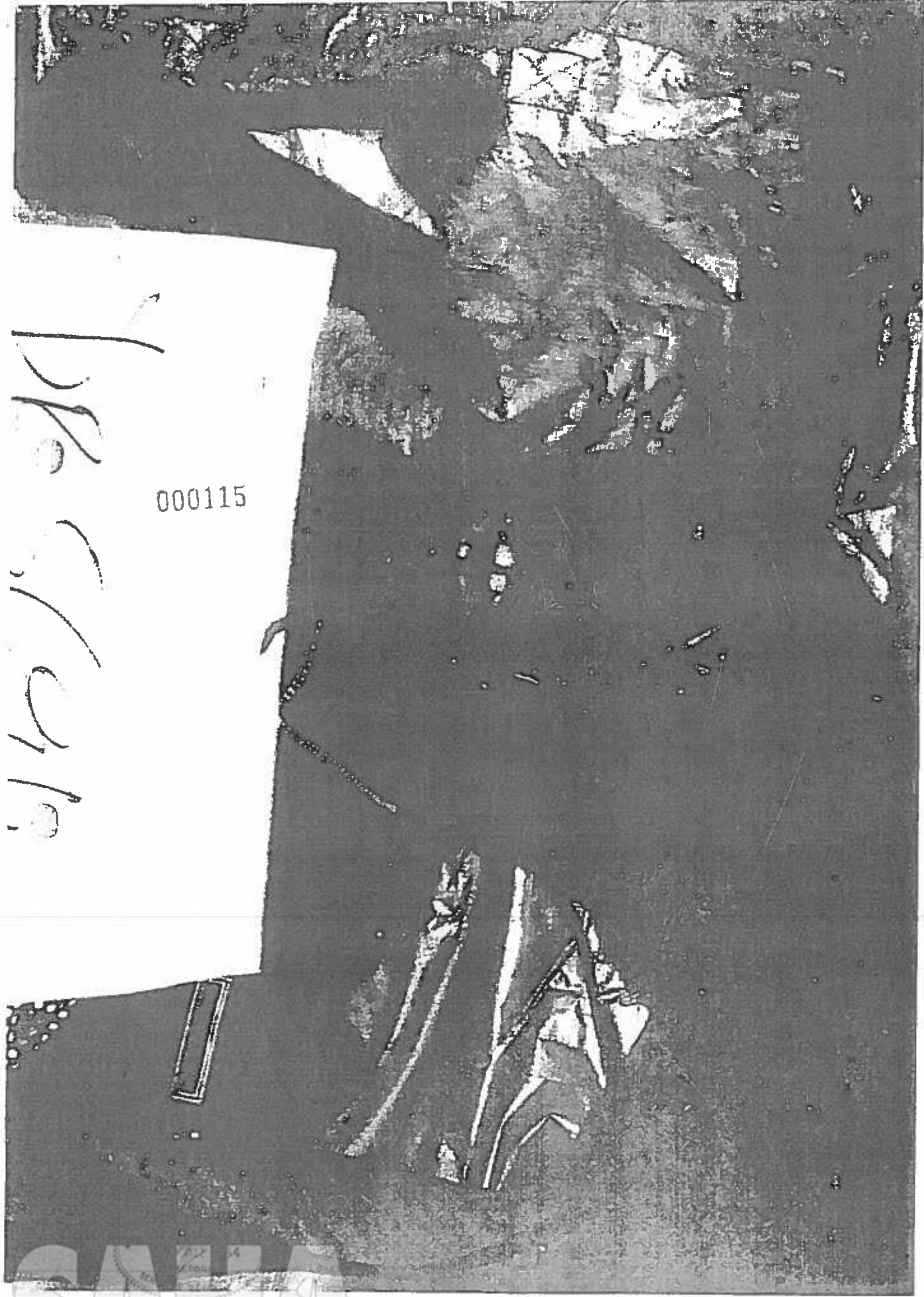
Next Expiry Date 2012/10/20



Restrictions
None



ARCHIVE FOR JUSTICE



ARCHIVE FOR JUSTICE



NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

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

Space for Bar Code



9999

• Must be completed in black ink (please tick where applicable)
• Please refer to instructions
FILE No. DR569/12 DATE: 21/08/2012 SERIAL No: A07501061

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

Identity number of deceased: [REDACTED] Date of death: 2012 08 16 Date of birth: 1951 03 3

Surname: Mangcolywa Age at last birthday: [] years

Maiden Name (if female): [] Sex: male

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

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

PLACE OF BIRTH (Municipal district or country if abroad): RSA
PLACE OF DEATH (City / Town / Village): Wonderkop
PLACE REGISTRATION OF DEATH: Rustenburg
CITIZENSHIP OF DECEASED: South Africa

B PARTICULARS OF INFORMANT

Identity number: [REDACTED]

Initials and Surname: N D Mangcolywa

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

Postal address: [] Postal Code: []

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

Date: 2012 08 20 Signature: [Signature]

Left thumb print of informant:

Dialling Code: 0731 Telephone No: 21451192

C PARTICULARS OF FUNERAL UNDERTAKER

Initials and Surname: []

Designation No. [] Place of burial / cremation: []

Date: [] Signature: []

Office Stamp of Funeral Undertaker: []

D.1 CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE

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

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

Initial and Surname: [] Postal address: []

Date signed: [] Signature: [] Postal Code: []

SAMDC / SANC Reg. No. []

D.2 CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST

I, the undersigned, hereby certify that a full medico-legal post-mortem examination has been conducted on the body of the person whose particulars are given in Section A and that the body is no longer required for the purpose of the Inquest Act, 1959 (Act No. 51 of 1959) and that the cause of death is:

Natural Cause Death as in section G Unnatural Under investigation

Initials and Surname: KR HRAISE Postal address: PO Box 127 medunsa

Place of first mortuary: GATLANIWA Date: 2012 08 21 Postal Code: 0204

Mortuary reference: DR569/12 Date signed: 2012 08 21 SAMDC Reg. No. 0363049

Signature: [Signature]

E FOR OFFICIAL USE ONLY

Initials and Surname of Registrar: []

Registration of Death approved and Burial Order issued: []

Postal Code: [] Force No.: []

Office Stamp: []





NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

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

Space for Our Code

000117

• Must be completed in black ink (please tick where applicable). SERIAL No.
• Please refer to instructions
FILE No. 21/08/2012 A07511561

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

Identity number of deceased: [REDACTED] Date of death: 2012 08 21

Surname: [REDACTED] Age at last birthday: 17 03

Maiden Name (If female): [REDACTED] Sex: male

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

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

PLACE OF BIRTH (Municipal district or country if abroad): [REDACTED]
PLACE OF DEATH (City / Town / Village): [REDACTED]
PLACE REGISTRATION OF DEATH: [REDACTED]
CITIZENSHIP OF DECEASED: [REDACTED]

B PARTICULARS OF INFORMANT

Identity number: [REDACTED]
Initials and Surname: [REDACTED]
Relationship to deceased: Parent Spouse Child Other kin Other (specify)

Postal address: [REDACTED] Postal Code: [REDACTED]
Was the next of kin of the deceased a smoker* during the past five years? Yes No Refuse to answer
Date: 2012 08 20 Signature: [REDACTED] Telephone No.: [REDACTED]

C PARTICULARS OF FUNERAL UNDERTAKER

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

D.1 CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE

I, the undersigned, hereby certify that the deceased named in Section A, to the best of my knowledge and belief, died solely and exclusively due to NATURAL CAUSES, as specified in Section G.
I, the undersigned, am not in the position to certify that the deceased died exclusively due to natural causes.

Initials and Surname: [REDACTED] Postal address: [REDACTED]
Date Signed: [REDACTED] Signature: [REDACTED] Postal Code: [REDACTED] SAMDC / SANC Reg. No.: [REDACTED]

D.2 CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST

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

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

Initials and Surname: [REDACTED] Postal address: [REDACTED]
Place of post-mortem: [REDACTED] Date: 2012 08 21
Mortuary reference: [REDACTED] Date signed: 2012 08 21 Signature: [REDACTED] Postal Code: [REDACTED] SAMDC Reg. No.: [REDACTED]

E FOR OFFICIAL USE ONLY

Registration of Death approved and Burial Order issued

Initials and Surname of Registrar: [REDACTED] Force No./ Designation No.: [REDACTED]
Postal address: [REDACTED] Office Stamp: [REDACTED]



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REGISTER OF DEATH / STILLBIRTH
INFORMATION FOR MEDICAL AND HEALTH USE ONLY

83/BI
Page

(After completion *seal* to ensure confidentiality) _____



✚ y ◀

x ◻ ⊙ z ◀ ↓



ARCHIVE FOR JUSTICE

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.

7. **Orbital, nasal and aural cavities:** Are intact and show no macropathology.
8. **Mouth, tongue and pharynx:** Are intact and show no macropathology.
9. **Neck structures:** Are intact and show no macropathology.

CHEST

10. **Thoracic cage and diaphragm:** *There is a bullet perforation with surrounding soft tissue hemorrhage through the right 7th intercostal space laterally. There is a relatively large gaping bullet perforation, with multiple bone fragments and associated tissue, hemorrhage through the left 7th rib laterally (some of bone spicules were in the track of wound B on skin). There is approximately 1000 ml of free blood in total in chest cavities. There are 3 tiny superficial wounds (these wounds are not on the skin) on parietal pleura of left 9th intercostal space laterally - consistent with secondary missile wounds.*
11. **Mediastinum and oesophagus:** Oesophagus is intact and shows no macropathology. Mediastinum is unremarkable.
12. **Trachea and bronchi:** *There is minor free blood in bronchia, but these structures are intact.*
13. **Pleurae and lungs:** *There is a bullet perforation of the lower part of lower lobe of right lung and the lung is not collapsed. There is a gaping bullet perforation with extensive lacerations on lower part of lower lobe of left lung with mild collapse. Both lungs show extensive anthracosis and bullae - consistent with emphysema; together with rubbery nodules within lungs and pleural fibrosis in areas. Both lungs are mottled.*
14. **Heart and pericardium:** *There is a bullet defect of the whole of posterior wall of the left ventricle showing marginal lacerations and leaving a large gaping defect with no traceable bullet hole. The cardiac valves and coronary arteries show no macropathology. The atria are unremarkable. Remaining walls of ventricles show no macropathology.*
15. **Large blood vessels:** The aorta is normal with no significant atherosclerosis present. The carotid arteries are normal with no significant atherosclerosis present. No pulmonary artery thrombo-embolism is present.

ABDOMEN

16. **Peritoneal cavity:** Is intact and shows no macropathology.

17. **Stomach and contents:** Intact, contains partially digested food.
18. **Intestines and mesentery:** Show no abnormalities on external examination. The intestine was not opened.
19. **Liver, gall-bladder and biliary passages:** The liver is intact and unremarkable. The gall bladder is intact and contains normal amount of bile.
20. **Pancreas:** Unremarkable.
21. **Spleen:** Intact and show no macropathology.
22. **Adrenals:** Unremarkable.
23. **Kidneys and ureters:** Both kidneys are intact and show no macropathology. The capsules stripped with ease.
24. **Urinary bladder and urethra:** Unremarkable.
25. **Pelvic walls:** Intact.
26. **Genital organs:** Normal male genitalia.

SPINE

27. **Spinal column:** Intact.
28. **Spinal cord:** Not exposed.

SPECIMENS SENT FOR FURTHER INVESTIGATION

- 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 string with a metal seal no PMK071153 was cut. Both the tube and the container were marked PHOKENG 569/2012. After placing the bottle into the polystyrene container, the container was resealed with a new piece of string and a metal seal no PMK071154 and handed to Forensic Officer B Mogakane, Garankuwa FPS.
- **TOXICOLOGY:** The stomach and contents, liver, urine and blood were placed in a plastic box marked PHOKENG 569/2012 and sealed with seal no. TX001143. The box was handed to Forensic Officer B Mogakane, Garankuwa FPS.
- Blood and mouth swabs were taken and sealed in a SAPS DNA evidence bag with seal no. PA5000486903 and handed to Forensic Officer B Mogakane, Garankuwa FPS.
- The thoracic block organs were taken and placed in a NIOH plastic container with formalin and container was labeled Phokeng 569/2012.

ASSISTANTS AT THIS AUTOPSY:

- Dr Marna du Plessis, a Forensic Registrar at Garankuwa FPS scribed and also helped with the collection of evidence.
- Dissectors were Forensic Officer S O Shisana (Garankuwa FPS) and D Makabe (Phokeng FPS).
- X Ray Examination was performed by SFO S I Farhina of Pretoria FPS, Persal No. 04227743.
- FO Baby Mogakane received all evidence, exhibits and specimens that were collected at this autopsy.

THE FOLLOWING PERSONS WERE PRESENT DURING AUTOPSY EXAMINATION:

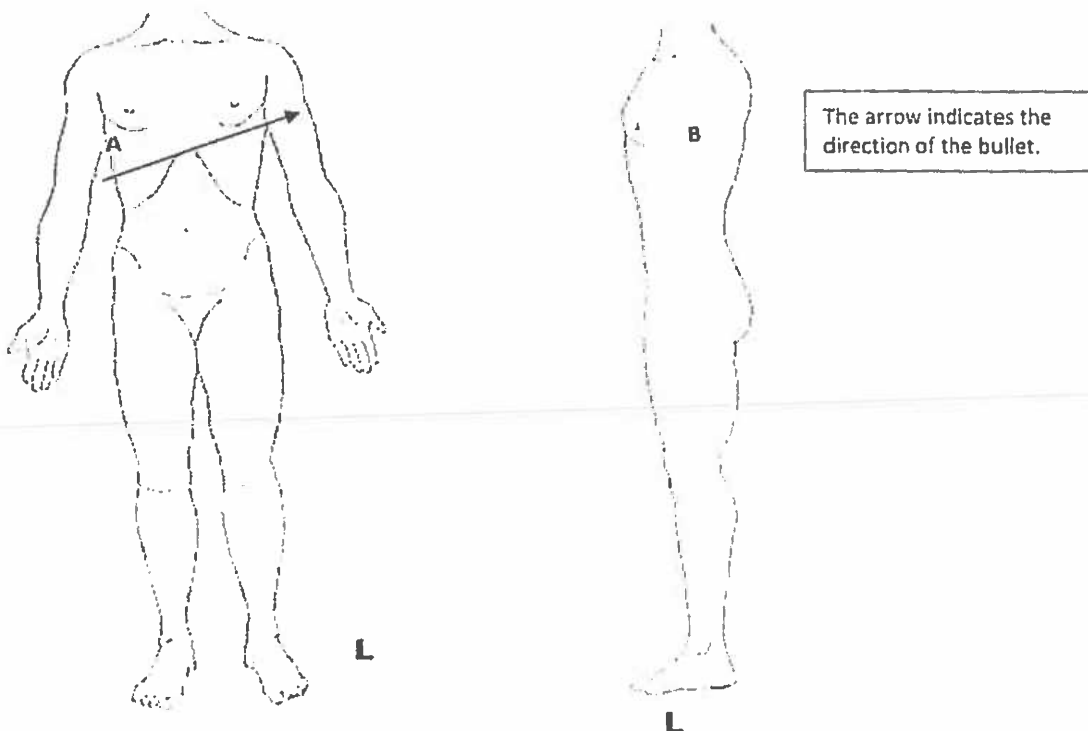
- W/O G C van Eeden (For.Science)
- A/O E Coetzee – Ballistic, SAPS Silverton
- Lt. Col L W Visser – Ballistics, SAPS Silverton.
- Asst.Dir C de Jager, IPID
- Const Motloung – (LCRC, Brits).

ADDITIONAL OBSERVATIONS

- B11663 for number A07501061 signed.

DIAGRAM

Diagram depicting bullet wounds in paragraph 4.



KAMH

The content of this declaration is true to the best of my knowledge and belief.
I am aware that should it be submitted as evidence and I know that something appears therein which I know to be false or believe not to be true, I could be liable to prosecution.

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

[Handwritten signature]

K K Hlaise
Principal Specialist/Snr Lecturer
Head of Clinical Unit (Medical)
MBCbB, DTM&H, Cert.Med & Law, Dip.For Med, FC For.Path

Place : Ga-Rankuwa FPS
Date : 19/09/2012

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.

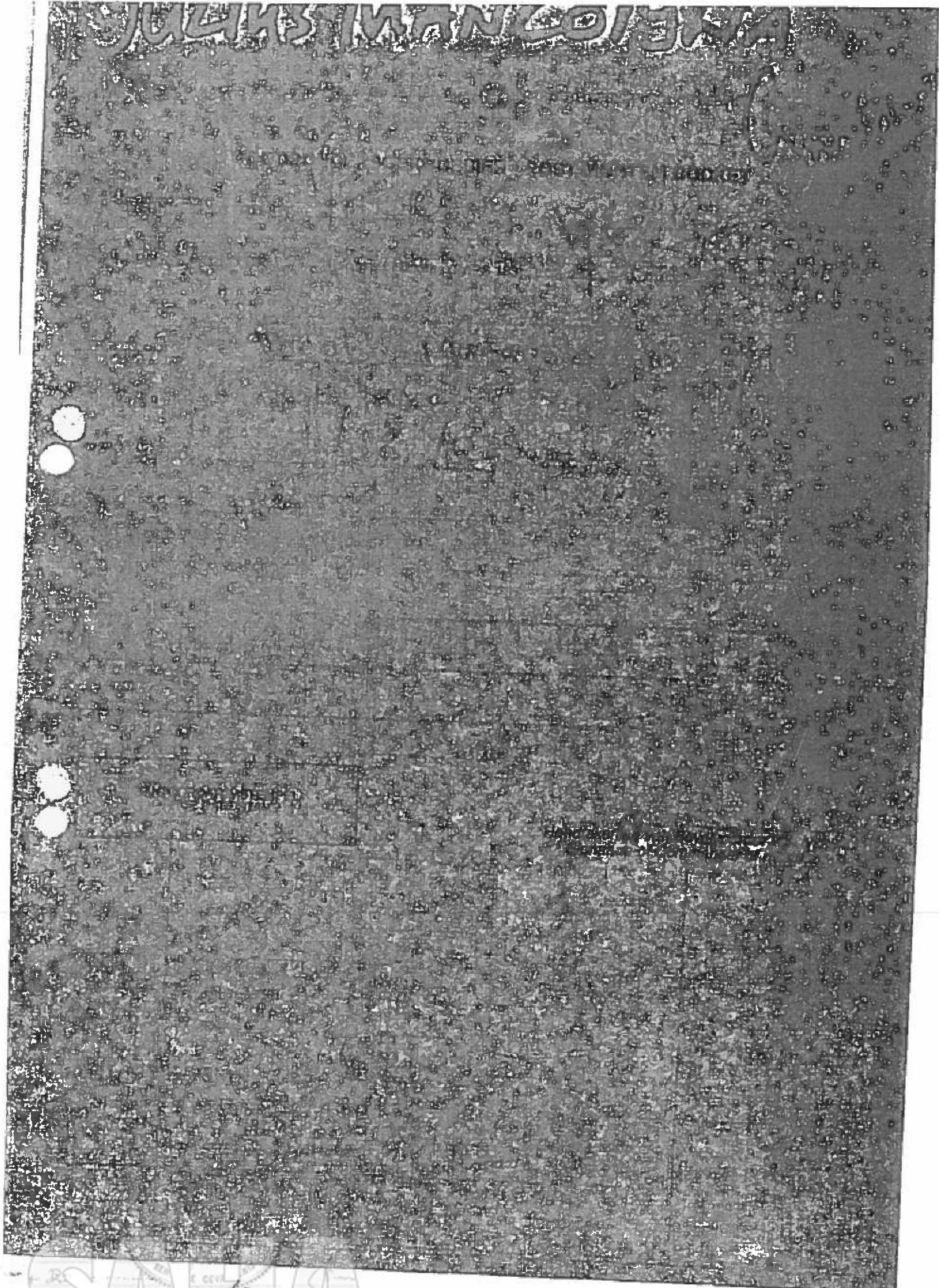
[Handwritten signature]

COMMISSIONER OF OATHS

Full Name (in BLOCK letters): *L.M. MATHANU*
Business Address (In BLOCK Letters): *ESTD KRO-LENG STR.*
Zone 5
Ga Rankuwa

Designation (Rank): *A.D.*

JULIUS IMANCOLOVA



SAVA 106

000107



SOUTH AFRICAN POLICE SERVICE

Body number DR569/12

AUTHORITY TO HAND OVER BODY AND ACKNOWLEDGEMENT OF RECEIPT

To: The Commander
Government Mortuary

Phokeng

PART A

AUTHORITY TO HAND OVER BODY

You are hereby authorised to hand over the body of Takobu Mangcobywa

to
of

Place Phokeng
Date 2012-08-20

(Signature of next of kin or other authorised person)

Address

(Tel. No. 073 2145 192)

PART B

ACKNOWLEDGEMENT OF RECEIPT

I certify having received the body of

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

Place

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

Address

(Tel. No.)





SOUTH AFRICAN POLICE SERVICE

IDENTIFICATION OF BODY

Station/Government Mortuary Phokeng CAS/CR/Serial No. 569/12

In printing Never David Mangcobywa

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

male/female residing at [redacted]

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

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

as being that of Tokobi Mangcobywa

Particulars of deceased:

- 1. Identity number [redacted] 2. Date of birth 1951-03-30
- 3. Residential address Wondertop - Marikana
- 4. Employed at Lonmin
- 5. Relationship to deponent Uncle 6. Marital status Married
- 7. Name and address of residence/employment of deceased's husband/wife/father/mother/brother/sister/other relative Sharkspruit

"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]
Signature/thumb print/mark

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

[Signature]
(Signature) Commissioner of Oaths

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

Designation (rank) A/C South African Police Service

*Delete and initial words not applicable.





000109

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

1/2

SAPD 13 Nr Lyk Nr
SAPS 13 No Body No. *1369/12*

Naam van lid/persoon van wie lyk ontvang word
Name of member/person from whom body is received

Nommer, rang en naam van lid wat lyk ontvang
Number, rank and name of member receiving body

Volle naam en adres van oorledene
Full names and address of deceased

Merk toepaslike blok met X / Mark applicable square with X

ID Nr :
ID No :

Wit White	<input checked="" type="checkbox"/> Swart Black	Bruin Brown	Asiër Asian	<input checked="" type="checkbox"/> Manlik Male	Vroulik Female
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In lewe bekend as (volle name)
Known as (full names)

Ouderdom Huwelikstatus Land gebore
Age Marital status Land born

BESONDERHEDE VAN STERFGEVAL / PARTICULARS OF DEATH

Datum en tyd van dood *Jan 08 16* Plek van dood *Wandekop*
Date and time of death Place of death

Merk toepaslike blok met X / Mark applicable square with X

<input type="checkbox"/> Motorbotsing Motor accident	<input type="checkbox"/> Bestuurder Driver	<input type="checkbox"/> Passasier Passenger	<input type="checkbox"/> Voetganger Pedestrian	<input type="checkbox"/> Fietsryer Cyclist	<input type="checkbox"/> Motorfietsryer Motorcyclist	
<input type="checkbox"/> Selfmoord Suicide	<input type="checkbox"/> Vuurwapen Fire-arm	<input type="checkbox"/> Opgehang Hanging	<input type="checkbox"/> Pille Pills	<input type="checkbox"/> Vergas Gassed	<input type="checkbox"/> Van gebou afgespring Jumped from building	<input type="checkbox"/> Ander Other
<input type="checkbox"/> Ander Other	<input type="checkbox"/> Van gebou geval Fell from building	<input type="checkbox"/> Met vuurwapen gedood Killed with fire-arm	<input type="checkbox"/> Met mes/voorwerp gesteek Stabbed with knife/object	<input type="checkbox"/> Vergiftig Poisoned		
<input type="checkbox"/> Sterf onder narkose Died under anaesthetic	<input type="checkbox"/> Skielike dood sonder mediese geskiedenis Sudden death without medical history	<input type="checkbox"/> Sterf in aanhouding Died in custody				

Volledige geskiedenis
Full history *Compton*





000110

SOUTH AFRICAN POLICE SERVICE

IDENTIFICATION OF BODY

*Station/Government Mortuary Phokeng *CAS/CR/Serial No. 569/12

In printing Never David Mangcokyuwa

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

*male/female residing at [redacted]

On 2012-08-20 *State under oath/confirm at the Government Mortuary, Phokeng

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

as being that of Tokob Mangcokyuwa

Particulars of deceased:

- 1. Identity number [redacted] 2. Date of birth 1951-03-30
- 3. Residential address wonderkep- matikana
- 4. Employed at Lanmin
- 5. Relationship to deponent uncle 6. Marital status married
- 7. Name and address of *residence/employment of deceased's *husband/wife/father/mother/brother/sister/other relative Starksville

"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]

Signature/thumb print/mark

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

[Signature]

(Signature) Commissioner of Oaths

Full first names and surname Joy Anna Mbulwane

Business address (Street address of Police Station) Galena Section- Phokeng
Forensic Medico legal service

Designation (rank) A/C South African Police Service

*Delete and initial words not applicable.



DR 5/29/10

000111

1

I. D. No. [REDACTED]

S. A. BURGER. S. A. CITIZEN

VAN/SURNAME
MANGCOTYWA

VOORNAME/FORENAMES
NEVER DAVID

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

GEBORTEDATUM/
DATE OF BIRTH
1959-12-18

DATUM UITGEREIK
DATE ISSUED
1994-03-28

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL
HOME AFFAIRS

1

ERDE WOON- EN POSADRES

van u GEREISTREERDE WOON- EN
ADRES:

Wander het, of indien besonderhede van u
naam en/of -nommer, ens. verander het,
WISSING VAN ADRESVERANDERING, wat
veranderingsdokument is, gebruik word om die
in moet dit ingedien word by of gepos word
by die kantoor van die DEPARTEMENT VAN

RESIDENTIAL AND POSTAL ADDRESS

your REGISTERED RESIDENTIAL AND
POSTAL ADDRESS:

your address, or, if particulars of your
street and/or street number, also have
a CHANGE OF ADDRESS form in the
company document must be used to report
any change in it or posted to the nearest
DEPARTMENT OF HOME AFFAIRS.

1

I. D. No. [REDACTED]

S. A. BURGER/S. A. CITIZEN

VAN/SURNAME
MANGCOTYWA

VOORNAME/FORENAMES
TOKOTI

GEBORTEDISTRIK OF-LAND/
DISTRICT OR COUNTRY OF BIRTH
SUID-AFRIKA

GEBORTEDATUM/
DATE OF BIRTH
1951-03-30

DATUM UITGEREIK
DATE ISSUED
2007-01-24

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL
HOME AFFAIRS

1

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000113

DRS69/12

I.D.No. [REDACTED]

S. A. BURGER/S. A. CITIZEN

VAN/SURNAME
MANGCOTYWA

VOORNAME/FORENAMES
TOKOTI


GEBORTEDISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH
SUID-AFRIKA

GEBORTE DATUM/
DATE OF BIRTH
1951-03-30

DATUM UITGEREIK
DATE ISSUED
2007-01-24

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS



I.D.No. [REDACTED]

S. A. BURGER/S. A. CITIZEN

VAN/SURNAME
MANGCOTYWA

VOORNAME/FORENAMES
NEVER DAVID


GEBORTEDISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH
SOUTH AFRICA

GEBORTE DATUM/
DATE OF BIRTH
1959-12-18

DATUM UITGEREIK
DATE ISSUED
1994-03-28

UITGEREIK OP GESAG VAN DIE
DIREKTEUR-GENERAAL:
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL:
HOME AFFAIRS



VERDE WOON- EN POSADRES

van u GEREISTREERDE WOON- EN
Adres:

verander het, of indien besonderhede van u
naam en/of -nommer, ens. verander het,
EEN WING VAN ADRESVERANDERING, wat
identiteitsdokument is, gebruik word om die
in moet dit ingedien word by of gepos word
aankantoor van die DEPARTEMENT VAN

IDENTIAL AND POSTAL ADDRESS

your REGISTERED RESIDENTIAL AND
pocket.

your address or, if particulars of your
of street and/or street number, etc., have
OF CHANGE OF ADDRESS form in the
identity document must be used to report
handed in at or posted to the nearest
DEPARTMENT OF HOME AFFAIRS.

000114

Emp. No. 00716588



Mancotywa

ID. No. [REDACTED]

Inf No 22147222



Employee Number

00716588



Restrictions

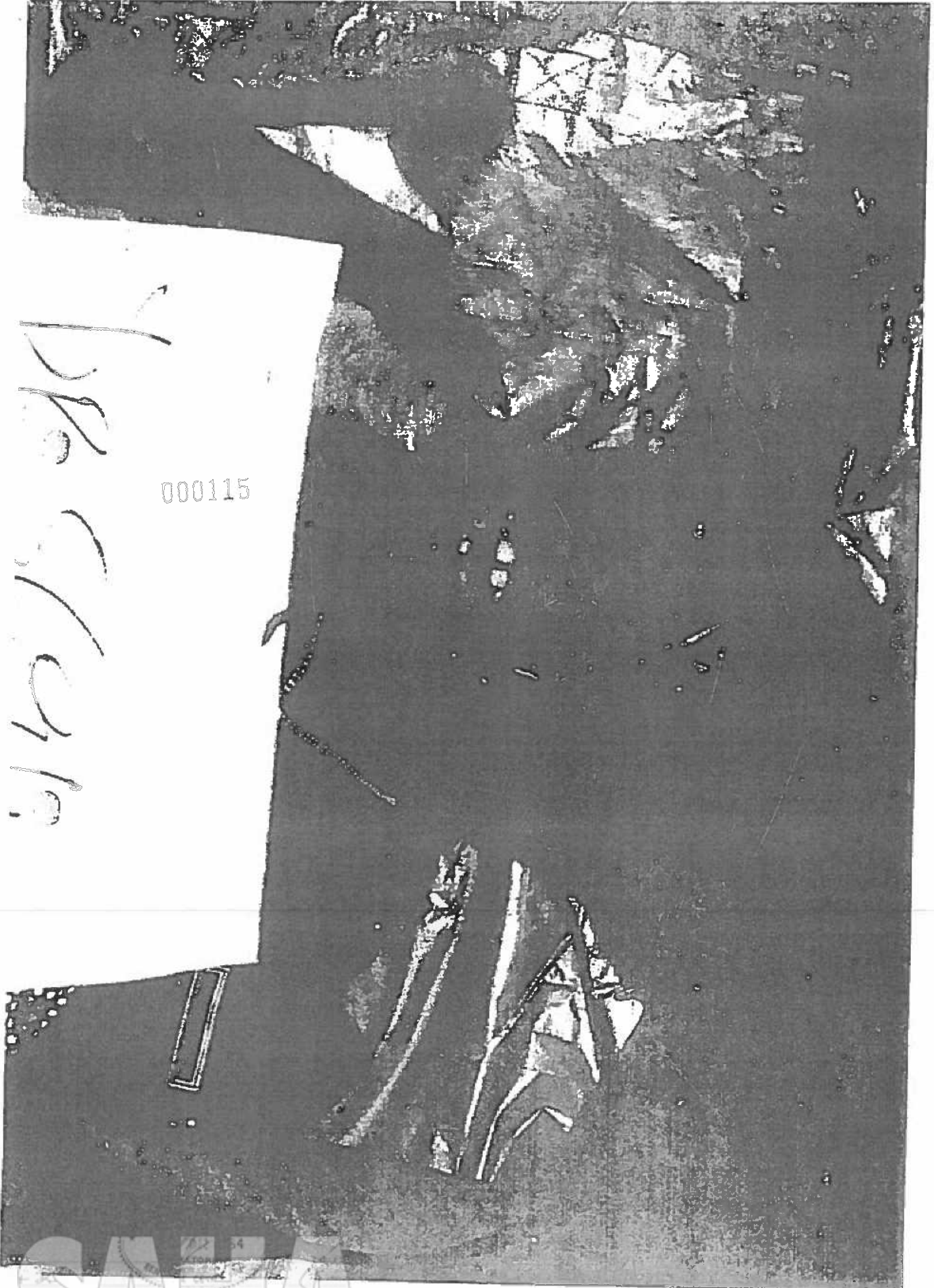
None

Name Mancotywa Julius Tokol

Next Expiry Date 2012/10/20



ARCHIVE FOR JUSTICE



Handwritten text, possibly a name or identifier, written vertically on the white label.

000115



NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

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

Space for Bar Code



9999

• Must be completed in black ink (please tick where applicable) SERIAL No:

• Please refer to instructions

FILE No. DR569/12 DATE: 21/08/2012 A07501061

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

Identity number of deceased: [REDACTED] Date of death: 2012 08 16 Date of birth: 1951 03 3

Surname: Mangcoluywa Age at last birthday: [] years

Maiden Name (if female): [] Sex: male

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

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

PLACE OF BIRTH (Municipal district or country if abroad): RSA

PLACE OF DEATH (City / Town / Village): wonderkoff

PLACE REGISTRATION OF DEATH: Rustenburg

CITIZENSHIP OF DECEASED: South-Africa

B PARTICULARS OF INFORMANT

Identity number: [REDACTED]

Initials and Surname: M D Mangcoluywa

Relationship to deceased: Patient Spouse Child Other kin Other (specify) []

Postal address: [] Postal Code: []

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

Date: 2012 08 20 Signature: [Signature]

Telephone No: 2145 1192

C PARTICULARS OF FUNERAL UNDERTAKER

Initials and Surname: []

Designation No. [] Place of burial / cremation: []

Date: [] Signature: []

Office Stamp of Funeral Undertaker: []

D.1 CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE

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

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

Initials and Surname: [] Postal address: []

Date Signed: [] Signature: [] Postal Code: []

SAMDC / SANC Reg. No. []

D.2 CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST

I, the undersigned, hereby certify that a medico-legal post-mortem examination has been conducted on the body of the person whose particulars are given in Section A and that the body is no longer required for the purpose of the Inquest Act, 1959 (Act No. 51 of 1959) and that the cause of death is:

Natural Causes Death in Section G Unnatural Under investigation

Initials and Surname: KK HZAISE Postal address: PO Box 127 medunsa

Place of post-mortem: GARANKUWA Date: 2012 08 21 Postal Code: 0204

Mortuary reference: DR569/12 Date signed: 2012 08 21 SAMDC Reg. No. 0363049-

Signature: [Signature]

E FOR OFFICIAL USE ONLY

Initials and Surname of Registrar: []

Registration of Death approved and Burial Order issued: []

Postal: [] Force No.: []

Office Stamp: []





NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

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

Space for Bar Code

000117

• Must be completed in black ink (please tick where applicable). SERIAL No. _____
• Please refer to instructions

FILE No. 6712 DATE: 21/08/2012 A07501161

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

Identity number of deceased: [REDACTED] Date of death: 2012 08 16 Date of birth: 1981 03
 Surname: MOGOTLA Age at last birthday: [REDACTED]
 Maiden Name (if female): [REDACTED] Sex: male
 Forenames: MOGOTLA If death occurred within 24 hours after birth number of hours alive: [REDACTED]

MARITAL STATUS OF DECEASED Single Civil Marriage Living-in-married Widowed
 Religious Law Marriage Divorced Customary Marriage

PLACE OF BIRTH (Municipal district or country if abroad): 928
 PLACE OF DEATH (City / Town / Village): WOLWEDIG
 PLACE REGISTRATION OF DEATH: WOLWEDIG
 CITIZENSHIP OF DECEASED: South African

B PARTICULARS OF INFORMANT

Identity number: [REDACTED]
 Initials and Surname: M D MANGOTLA
 Relationship to deceased: Parent Spouse Child Other kin Other (specify)
 Postal address: [REDACTED] Postal Code: [REDACTED]
 Was the next of kin of the deceased a smoker during the past five years? Yes No Refuse to answer
 Date: 2012 08 20 Signature: [Signature]
 Telephone No: 2155 1115

C PARTICULARS OF FUNERAL UNDERTAKER

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

D.1 CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE

I, the undersigned, hereby certify that the deceased named in Section A, to the best of my knowledge and belief, died solely and exclusively due to NATURAL CAUSES, as specified in Section G.
 I, the undersigned, am not in the position to certify that the deceased died exclusively due to natural causes.
 Initials and Surname: [REDACTED] Postal address: [REDACTED]
 Date Signed: [REDACTED] Signature: [REDACTED] Postal Code: [REDACTED] SAMDC / SANC Reg. No: [REDACTED]

D.2 CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST

I, the undersigned, hereby certify that a medico-legal post-mortem examination has been conducted on the body of the person whose particulars are given in Section A and that the body is no longer required for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and that the cause of death is:
 Natural Cause of Death as indicated in Section G: Unnatural Under investigation
 Initials and Surname: KK LAISE Postal address: PO BOX 117
 Place of post-mortem: GATANKWA Date: 2012 08 21 Postal Code: 0304 0363047
 Mortuary reference: 312/12 Date signed: 2012 08 21 Signature: [Signature] SAMDC Reg. No: [REDACTED]

E FOR OFFICIAL USE ONLY

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



DEPARTMENT OF HEALTH

FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: 2012-08-01

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

I, E. MABURUWA declare under oath: 000121

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 2012-08-01 I received the following exhibit (s): 1965

From DR F. M. M. M. M.

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

On 2012-08-01 I handed the above exhibit (s) to the 4-3 officer

REF: 2012-08-01

The 1965 was sealed with the official seal no. 1965

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

Place: FPS Ga-Rankuwa

[Signature] S-F.O.

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

Place: Ga-Rankuwa FPS

Date: 2012/08/01 [Signature] C.F.O

NAME : MARION ZACHARIA MABURUWA

ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA

RANK : CHIEF FORENSIC OFFICER



8491/12

17 2434/12

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

Mortuary Reference (DR, PM or WC)	OPHORIENS 569/12 SABANKWA/Pukeng	Priority Status:	Urgent		Routine	X
Case number	137/08/2012	If URGENT, please provide reason			000122	
SAPS station	MARIKANA					
Date of specimen collection	2012-08-21					
Time of specimen collection	15:30					
Date of death	2012-08					

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

If YES, please indicate the following:
Length of hospitalization:

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

If YES, please list results:

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

If YES, please list drugs:

Clinical History	Age	Race	B	Sex	Male	<input checked="" type="checkbox"/> Female
Circumstance of death:	Suicide	Homicide	MVA	Unknown	Other	

Please provide relevant facts in the history
CSW

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

DEPT. VAN GEZONDHEID
LABORATOIRE
27 AUG 2012



FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: MR569/12

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

I, E. MASUPERA declare under oath:-

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

In the performance of the official duties in connection therewith and on 2012-08-21 I received the following exhibit (s): TOXICOLOGY

From FO MR MABAKANE

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

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

REF: TX2431/12 - TX2434/12

The FO was sealed with the official seal no. TX 001143

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

Place: FPS Ga-Rankuwa

[Signature] S-F.O.

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

Place: Ga-Rankuwa FPS

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

NAME : MARLOW ZACHARIA MOLOLO
ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA

RANK : CHIEF FORENSIC OFFICER



DEPARTMENT OF HEALTH

FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: 2012/09/12

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

I, E. M. Moloto declare under oath: 000124

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 2012-09-12 I received the following exhibit (s): TR. 2431/12

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 2012-09-27 I handed the above exhibit (s) to the REF. TY 2431/12 - TY 2432/12 officer

The ... was sealed with the official seal no. ...

- 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

E. M. Moloto S-F.O.

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

Place: Ga-Rankuwa FPS

Date: 2012/09/12 M. M. Moloto C.F.O.

NAME : MAYLOU ZACHARIA MOLOTO
ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA

RANK : CHIEF FORENSIC OFFICER





Forensic Pathology Service: GA-RANKUWA: POST-MORTEM NO: DR PHOKENG 569/12

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

I, MATLOU ZACHARIA MOLOTO declare under oath:-

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

In the performance of the my official duties in connection therewith and on 2012 / 08 / 21

I received the following sample(s) from F.O. MOGAKANE

One DNA swab specimen(s)

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

On 20/ 08 / 2012 I handed the above specimen(s) to the investigating officer
No 90644310 Rank P/Investigator Name Eunice Mletang

SIGNATURE OF I/O

The Dna was sealed with the official seal no (PA 5000486903)

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

Place: FPS Ga-Rankuwa

Signature of Chief Forensic Officer

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

Place: Ga-Rankuwa FPS
Date: 20 / 08 / 2012

(Signature)

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



A581

G.P.-S

REPUBLIC OF SOUTH AFRICA

GW 7/15

MEDICO LEGAL POST-MORTEM REPORT

000126

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 a 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 14h00, I examined the body of a **BLACK MALE ADULT** marked DR No. PHOKENG 570/2012. 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 570/2012 was identified to me by Mr. P. T. Sekhute (Persal No. 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. *A single perforating bullet wound of the chest, entering on the lateral aspect of the left chest wall, perforating the Inferior Vena Cava, the descending thoracic Aorta and the lower lobe of the right lung, and exiting on the posterior aspect of the right chest wall. No signs of range of fire on this wound and clothes, and the features of this wound are consistent with low velocity firearm like a handgun.*
 2. *A spent bullet fell from the clothing while undressing the deceased – it is consistent with a bullet of a handgun.*
 3. *Early decomposition.*
 4. *No other forms of injury other than the gunshot wounds above.*
 5. *Two parallel fresh scarification marks on torso and limbs, mostly on the joint areas.*
 6. *Relevant specimens and exhibit collected are detailed at the end of this report.*
 7. *SAP 180 stated that deceased was shot.*
5. That as a result of my observations I concluded that the cause of death was:

PERFORATING GUNSHOT WOUND OF THE CHEST

KHL



000126(a)

SCHEDULE OF OBSERVATIONS:

GENERAL

1. Height:	1.72 m	Mass:	82.6 kg
Physique:	Normal	Nutrition:	Adequate

2. **Special identifying features:** Adult black male, copy of identity document showed him to be Mr Janeveke Raphael Liau, approximately 44 years old. At the commencement of the autopsy the deceased is wearing a 'Mount' black-and-cream jacket; a green t-shirt; a grey-and-green shirt underneath; dark blue corduroy pants; yellow underwear; 'Lorenzo Bonfi' grey underwear; grey socks and black gumboots with a rubber bangle around the right ankle over the boot. There is a green blanket accompanying the body. There is a white-and-yellow waistband present. There is a leather belt with beading detail present of the right upper arm. There is a perforating bullet defect on the left side of the green t-shirt, direction of fibres not clear and there is no soot or grease staining. There are no other defects noted of the clothing.

3. **Secondary post-mortem changes:** Body is refrigerated. Flaccidity is present. There is autolysis of the external surface of the body present with discoloration of the skin; marbling; generalized bloating; skin blistering and purge fluid in the facial orifices. There is autolysis of all the soft tissues and internal organs.

4. **External appearance of body and condition of limbs:**
 - 4.1. *(Bullet on clothing – labeled A): A spent bullet fell from the clothing while undressing the deceased – it is consistent with bullet of a handgun.*
 - 4.2. *(Wound B): There is a 1 cm x 0.8 cm oval-shaped penetrating bullet wound with a collar of abrasion on the lateral aspect of the left chest wall, 22 cm left of the anterior midline and 22 cm below the shoulder line. There is no sign of range fire on this wound. This wound is consistent with an entrance wound.*
 - 4.3. *(Wound B1): There is a 1.5 cm x 1.1 cm irregular-shaped penetrating bullet wound on the posterior aspect of the right chest wall, 20 cm right of the posterior midline and 18 cm below the shoulder line.*
 - 4.4. *There are two parallel fresh scarification marks on the torso and limbs, mostly on the joints areas.*
 - 4.5. *There are no other wounds on the skin.*
 - 4.6. *X-Ray examination was performed before evisceration of organs and there are no bullets in the body.*
 - 4.7. **Track of wounds B and B1:** *Wound B and wound B1 are joined by a track of wound through the chest, from wound B to wound B1. The direction is from left to right, slightly backwards and slightly upwards. In its path, it perforates the left 7th intercostals space, the aorta and inferior vena cava just above the diaphragm, the lower lobe of the right lung, and the left 7th intercostals space and exits through wound B1.*
 - 4.8. *See diagram at the end of the report.*
 - 4.9. *SAP 180 stated that the deceased was shot.*

HEAD AND NECK

5. **Head:** There is intact and shows no subscalp hemorrhages. The skull and mandible is intact.
6. **Brain:** The brain is intact but autolytic with a soft consistency. There is no hemorrhage or masses present.
7. **Orbital, nasal and aural cavities:** Intact.
8. **Mouth, tongue and pharynx:** Intact.
9. **Neck structures:** The neck structures are intact.

CHEST

10. **Thoracic cage and diaphragm:** *There is a perforating bullet wound through the 7th intercostal space and lower edge of the 7th rib on the lateral aspect of the left chest wall with hemorrhage. There is a perforating bullet wound through the 7th intercostal space of the postero-lateral aspect of the right chest wall with hemorrhage. There is 600 milliliters of free blood in the right chest cavity, and 450 milliliters of free blood in the left chest cavity. The left hemidiaphragm is contusions on thoracic aspect.*
11. **Mediastinum and oesophagus:** *There is a posterior mediastinal hemorrhage, see paragraph 15.*
12. **Trachea and bronchi:** Intact.
13. **Pleurae and lungs:** *There is a simple perforating bullet wound of the diaphragmatic edge of the lower lobe of the right lung. The left lung is intact, but shows contusions of the diaphragmatic surface of the lower lobe. Both lungs are slightly mottled. There is autolysis of the lungs present with a dark red-brown discoloration and loss in consistency. Right lung: 220 gram. Left lung: 300 gram*
14. **Heart and pericardium:** The heart is intact but is autolytic with discoloration present. The left ventricle shows no evidence of recent or old ischaemic changes. The heart valves are normal. The coronary arteries have a normal distribution and anatomical position. The coronary ostia occupy a normal anatomical position and are patent. The coronary arteries are widely patent with no significant atherosclerosis present. There is no coronary thrombosis. Mass: 340 gram
15. **Large blood vessels:** *There is a perforating bullet wound of the Inferior Vena Cava and descending thoracic Aorta just above the level of the diaphragm with surrounding hemorrhage. There is no pulmonary thrombo-embolism.*

ABDOMEN



Handwritten signature or initials.

16. **Peritoneal cavity:** There is no fluid in the peritoneal cavity and it is intact.
17. **Stomach and contents:** Is intact and contains partially digested food.
18. **Intestines and mesentery:** Intact and unremarkable. The intestines are not opened.
19. **Liver, gall-bladder and biliary passages:** The liver is intact and shows autolysis with discoloration and loss in consistency. The surface of the liver appears smooth. There are no masses present.
20. **Pancreas:** Autolytic.
21. **Spleen:** The spleen is intact but shows autolytic changes.
22. **Adrenals:** Unremarkable.
23. **Kidneys and ureters:** Are intact but show autolysis with discoloration and loss of consistency.
24. **Urinary bladder and urethra:** Is intact.
25. **Pelvic walls:** Are intact.
26. **Genital organs:** Male genitalia.

SPINE

27. **Spinal column:** Is intact.
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 **PMK070592** was cut. Both the tube and the container were marked **DR570/2012**. After placing the bottle into the polystyrene container, the container was resealed with a new piece of plastic with seal no **PMK070591** and handed to Forensic Officer B Mogakane.
- B. Approximately 10 ml stomach contents, blood from the thorax, urine and liver were placed in a plastic box. The box was handed to Forensic Officer B Mogakane and sealed with number **TX000136**.
- C. Buccal and blood swabs for DNA analysis were taken with reference number **PA5000486911** and handed to Forensic Officer B Mogakane.

EXHIBITS

- A. A **bullet** was placed in a plastic container which was labeled A, and sealed in an evidence collection bag with reference number **PA6000201815F** and handed to Forensic Officer B Mogakane.

- B. The clothes were collected in an evidence collection bag with reference number FSG394890.

ADDITIONAL OBSERVATIONS

- A. The thoracic organs (lungs and heart) were placed in a plastic container with reference number 10642809, number 33 from 46 for analysis.
B. Death notification number BI 1663 A07501070 Completed.

OFFICIALS AT THIS AUTOPSY:

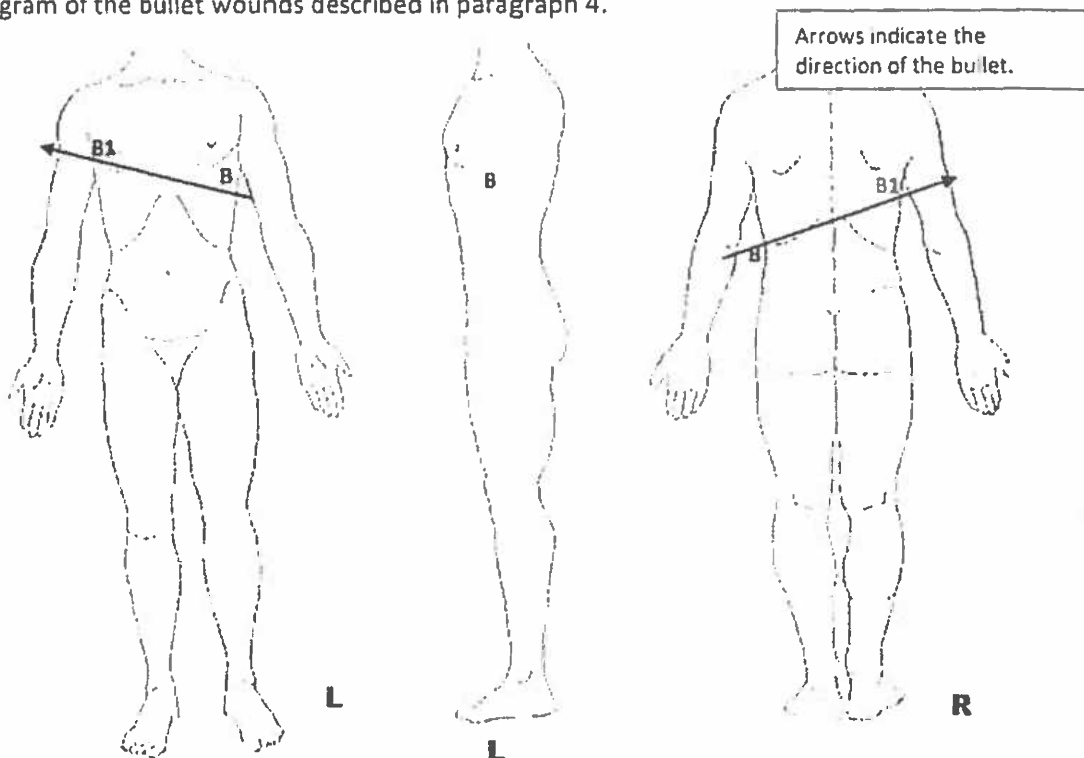
- A. Dr. M du Plessis, a Forensic Registrar at Ga-Rankuwa FPS scribed and assisted with the collection of specimens and exhibits.
B. Dissectors were: Mr. T. P Gaawakgomo (Forensic Officer Phokeng: dissector), Mr. D. Makabe (Forensic Officer Phokeng: dissector), Mr. P. M. Mokgosi (Forensic Officer Phokeng: 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. Lt. Col. L.W Visser (Forensic Science Laboratory: Ballistics/Photographer)
E. Const. M. I Motloug (LCRC Brits: Photographer)

M/M



DIAGRAM

Diagram of the bullet wounds described in paragraph 4.



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

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

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

[Handwritten signature]

**Dr K K. 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: 19/09/2012

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.

000129

Signature

COMMISSIONER OF OATHS

Full Name (in BLOCK letters):

L. M. MASHAWE

Business Address (In BLOCK Letters):

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

Designation (Rank):

A.D.

(Department of Health)





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

1/2

SAPD 13 Nr Lyk Nr
SAPS 13 No Body No. *Dr 5712*

Naam van lid/persoon van wie lyk ontvang word
Name of member/person from whom body is received

Nommer, rang en naam van lid wat lyk ontvang
Number, rank and name of member receiving body

Volle naam en adres van oordedene
Full names and address of deceased

Merk toepaslike blok met X / Mark applicable square with X

ID Nr :
ID No :

Wit White	<input checked="" type="checkbox"/> Swart Black	Bruin Brown	Asiër Asian	<input checked="" type="checkbox"/> Manlik Male	Vroulik Female
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In lewe bekend as (volle name)
Known as (full names)

Ouderdom Huwelikstatus Land gebore
Age Marital status Land born

BESONDERHEDE VAN STERFGEVAL / PARTICULARS OF DEATH

Datum en tyd van dood *2012 08/16* Plek van dood *Wondhoek*
Date and time of death Place of death

Merk toepaslike blok met X / Mark applicable square with X

<input type="checkbox"/> Motorbotsing Motor accident	<input type="checkbox"/> Bestuurder Driver	<input type="checkbox"/> Passasier Passenger	<input type="checkbox"/> Voetganger Pedestrian	<input type="checkbox"/> Fietsryer Cyclist	<input type="checkbox"/> Motorfietsryer Motorcyclist	
<input type="checkbox"/> Selfmoord Suicide	<input type="checkbox"/> Vuurwapen Fire-arm	<input type="checkbox"/> Opgehang Hanging	<input type="checkbox"/> Pille Pills	<input type="checkbox"/> Vergas Gassed	<input type="checkbox"/> Van gebou afgespring Jumped from building	<input type="checkbox"/> Ander Other
<input type="checkbox"/> Ander Other	<input type="checkbox"/> Van gebou geval Fell from building	<input type="checkbox"/> Met vuurwapen gedood Killed with fire-arm	<input type="checkbox"/> Met mes/voorwerp gesteek Stabbed with knife/object	<input type="checkbox"/> Vergiftig Poisoned		
<input type="checkbox"/> Sterf onder narkose Died under anaesthetic	<input type="checkbox"/> Skieike dood sonder mediese geskiedenis Sudden death without medical history	<input type="checkbox"/> Sterf in aanhouding Died in custody				

Volledige geskiedenis *Yankhos*
Full history

