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REPUBLIC OF SOUTH AFRICA

GW 7/15

MEDICO LEGAL POST-MORTEM REPORT

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:

1 9

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).

- 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.
- 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:
 - 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

ARCHIVE FOR JUSTICE

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SCHEDULE OF OBSERVATIONS:

GENERAL

1. Height: 1,78 m Physique: Normal Mass: 67 kg
Nutrition: Normal

- 2. Special identifying features: An adult Black male showing an old amputation of last phalanx of left little finger. The right central incisor tooth is absent. The following clothes were identified on deceased: Bloody "Total" brown T-shirt, bloody white vest, blue track suit pants, grey socks, blue jockey underpants, brown above ankle boots and black rubber bangle on right wrist. There is a corresponding bullet defect on sides of T-shirt and vest with no soot or grease staining.
- 3. **Secondary post-mortem changes**: Body was refrigerated. Flaccidity is present. There is no decomposition.
- 4. External appearance of body and condition of limbs:
 - **4.1.** (Wound A): There is a 0,5 cm X 0,5 cm round-shaped penetrating bullet wound with collar of abrasion on the lateral aspect of right chest, 18 cm to the right of anterior midline and 26 cm below the shoulderline. This wound is consistent with an entrance wound.
 - **4.2.** (Wound B): There is a 2 cm X 1,5 cm irregular-shaped penetrating and gaping bullet wound on lateral aspect of the left chest, 22 cm to the left of the anterior midline and 21 cm below the shoulderline. This wound is consistent with a significantly large exit wound.
 - **4.3.** There is a 4 cm X 1 cm irregular-shaped abrasion in the middle of forehead with surrounding small irregular abrasions below and to the right.
 - 4.4. There are no other wounds on skin.
 - 4.5. There are no scarification marks on the skin.
 - **4.6.** X-ray was performed before evisceration and it showed multiple tiny irretrievable bullet fragments within the soft tissues on left side of chest.
 - **4.7.** Track of wound A and wound B: These wounds are joined by a track of wound through the chest, from wound A to wound B. The direction of the wound track is from right to left, slightly upwards and slightly backwards. The path of the wound track perforates the right 7th intercostal space laterally, lower lobe of right lung, the heart, lower lobe of left lung, the left 7th rib laterally and exits through wound 2 with two secondary missile wounds on left lateral parietal pleura.
 - **4.8.** SAP180 form stated that the deceased was shot.
 - **4.9.** There was no blood in the peripheral vessels and therefore blood for alcohol, toxicology and DNA was taken from the dural sinuses.

HEAD AND NECK

- 5. **Head:** Scalp shows minor subscalp hemorrhages in the middle of frontal areas, see paragraph 4. Skull and mandible are intact and unremarkable.
- 6. Brain: Is intact. There is no epidural, subdural or subarachnoid haemorrhage. The



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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

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



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- 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:

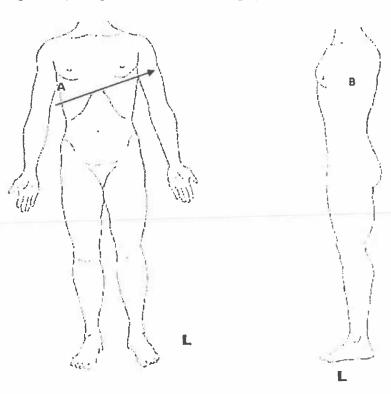
- W/O G C van Eeden (For.Science)
- A/O E Coetzee Ballistic, SAPS Silverton
- Lt. Col L W Visser Ballistics, SAPS Silverton.
- Asst.Dir C de Jager, IPID
- Const Motloung (LCRC, Brits).

ADDITIONAL OBSERVATIONS

• BI1663 for number A07501061 signed.

DIAGRAM

Diagram depicting bullet wounds in paragraph 4.



The arrow indicates the direction of the bullet.



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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.

- 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

Principal Specialist/Snr Lecturer Head of Clinical Unit (Medical)

/chttle cui

MBChB, DTM&H, Cert.Med & Law, Dip.For Med, FC For.Path

Place: Ga-Rankuwa FPS
Date: 1910912012.

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

theron in my presence.

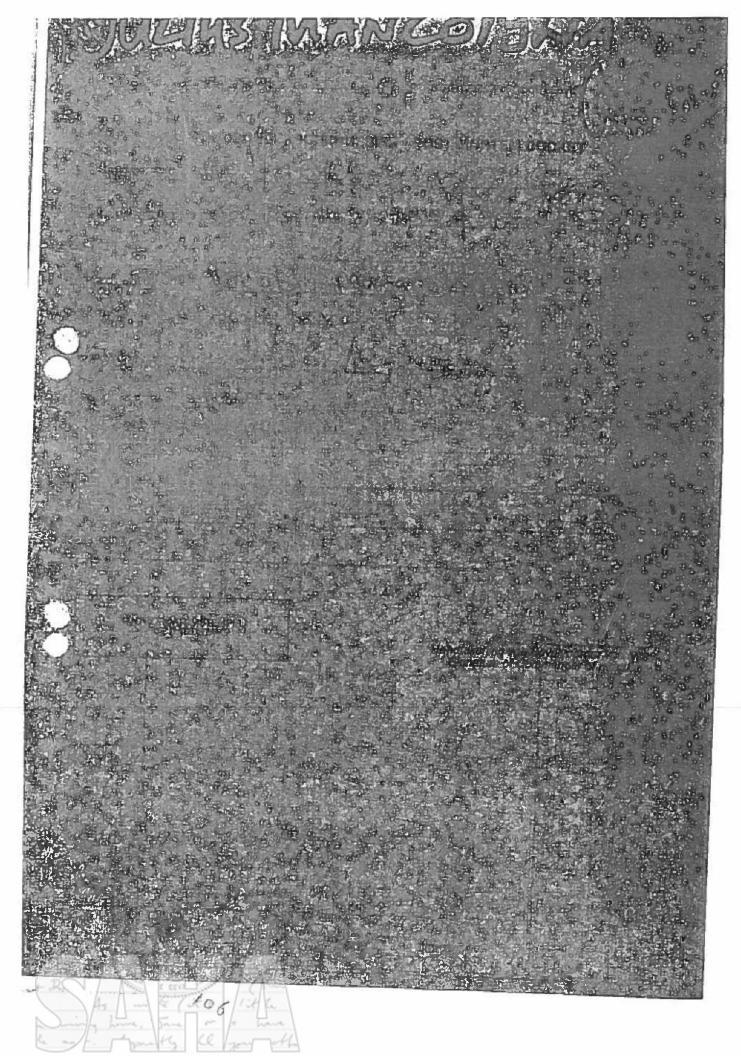
COMMISSIONER OF OATHS

Full Name (in BLOCK letters):

Business Address (In BLOCK Letters):

Designation (Rank):







SOUTH AFRICAN POLICE SERVICE

Body number DRS69 / 12 /

AUTHORITY TO HAND OVER BODY AND ACKNOWLEDGEMENT OF RECEIPT

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SOUTH AFRICAN POLICE SERVICE IDENTIFICATION OF BODY

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	on 2012 - 08 - 20 State under oath/confirm at the Government Mortuary, Photograph
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CHO	as being that of Tokobi Mang Cobywa
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	3. Residential address wondertop- Maritana,
	4. Employed at Lound.
	5. Relationship to deponent
	7. Name and address of *residence/employment of deceased's husband/wife/father/mother/brother/sister/other
	relative SERAKS DAWIE
	48 9
	"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."
	I know and understand the contents of this declaration.
	12. I have objection/no objection to taking the prescribed oath.13. I consider the prescribed oath to be binding/not binding on my conscience.
	or recorded the precented state to be untalligated billiang on my conscience.
	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
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	at
	(Signature) Commissioner of Oaths
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	Business address (Street address of Police Station) SALEMA SECTION-PLACEMA.
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1	Designation (rank)
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South African Police Service

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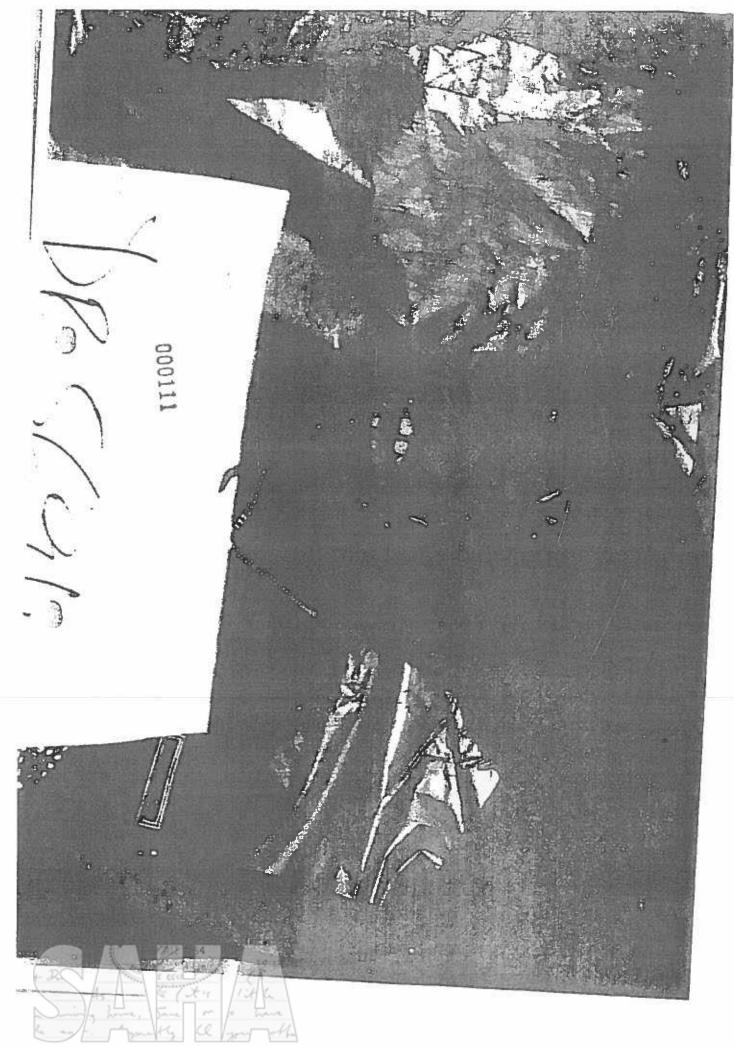
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SOUTH AFRICAN POLICE SERVICE

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Jas being that of Tokob Mana Cobywa
Particulars of deceased:
1. Identity number. 2. Date of birth 1951.03.3 ez.
3. Residential address wooden top - Maritana.
4. Employed at Lonnin.
5. Relationship to deponent
7. Name and address of *residence/employment of deceased's *husband/wife/father/mother/brother/sister/other
"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/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
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(Signature) Commissioner of Oaths
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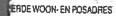
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VOORNAME/FORENAMES

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SOUTH AFRICA

GEBOORTEDATUM DATE OF BIRTH

1959-12-18

DATUM UITGEREIK DATE ISSUED

1994-03-28

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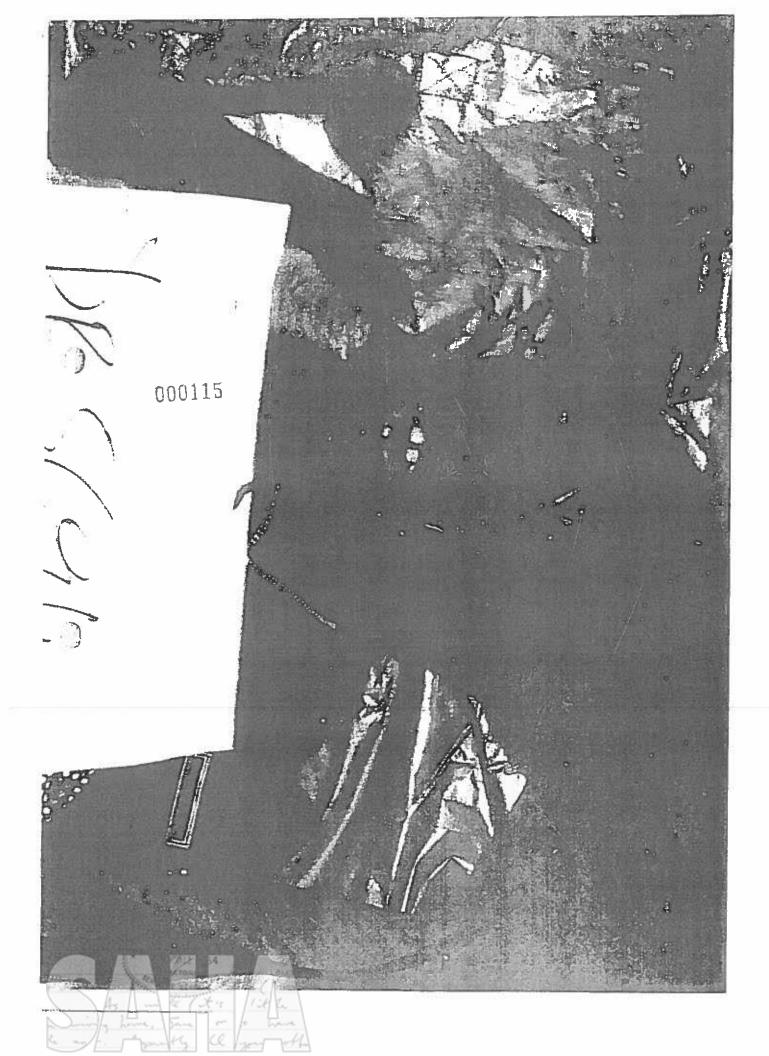


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NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS

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DEPARTMENT OF HOME AFFAIRS



NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

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------ REGISTER OF DEATH / STILLBIRTH

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

(After completion seal to ensure confidentiality)

83/BI







SCHEDULE OF OBSERVATIONS: **GENERAL**

1. Height: 1,78 m Physique: Normal Mass: 67 kg Nutrition: Normal

- 2. Special identifying features: An adult Black male showing an old amputation of last phalanx of left little finger. The right central incisor tooth is absent. The following clothes were identified on deceased: Bloody "Total" brown T-shirt, bloody white vest, blue track suit pants, grey socks, blue jockey underpants, brown above ankle boots and black rubber bangle on right wrist. There is a corresponding bullet defect on sides of T-shirt and vest with no soot or grease staining.
- 3. Secondary post-mortem changes: Body was refrigerated. Flaccidity is present. There is no decomposition.
- 4. External appearance of body and condition of limbs:
 - 4.1. (Wound A): There is a 0,5 cm X 0,5 cm round-shaped penetrating bullet wound with collar of abrasion on the lateral aspect of right chest, 18 cm to the right of anterior midline and 26 cm below the shoulderline. This wound is consistent with an entrance wound.
 - 4.2. (Wound B): There is a 2 cm X 1,5 cm irregular-shaped penetrating and gaping bullet wound on lateral aspect of the left chest, 22 cm to the left of the anterior midline and 21 cm below the shoulderline. This wound is consistent with a significantly large exit wound.
 - 4.3. There is a 4 cm X 1 cm irregular-shaped abrasion in the middle of forehead with surrounding small irregular abrasions below and to the right.
 - 4.4. There are no other wounds on skin.
 - **4.5.** There are no scarification marks on the skin.
 - 4.6. X-ray was performed before evisceration and it showed multiple tiny irretrievable bullet fragments within the soft tissues on left side of chest.
 - 4.7. Track of wound A and wound B: These wounds are joined by a track of wound through the chest, from wound A to wound B. The direction of the wound track is from right to left, slightly upwards and slightly backwards. The path of the wound track perforates the right 7th intercostal space laterally, lower lobe of right lung, the heart, lower lobe of left lung, the left 7th rib laterally and exits through wound 2 with two secondary missile wounds on left lateral parietal pleura.
 - **4.8.** SAP180 form stated that the deceased was shot.
 - 4.9. There was no blood in the peripheral vessels and therefore blood for alcohol, toxicology and DNA was taken from the dural sinuses.

HEAD AND NECK

- 5. Head: Scalp shows minor subscalp hemorrhages in the middle of frontal areas, see paragraph 4. Skull and mandible are intact and unremarkable.
- Brain: Is intact. There is no epidural, subdural or subarachnoid haemorrhage. The 6.





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.



3 Jept Al

- 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:



4





- 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:

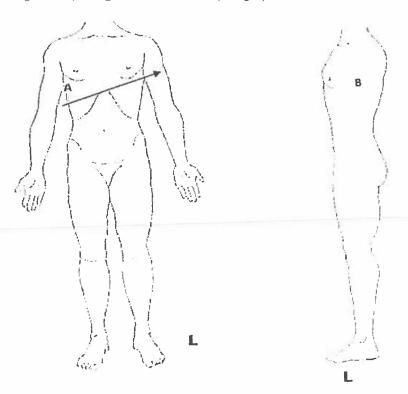
- W/O G C van Eeden (For Science)
- A/O E Coetzee Ballistic, SAPS Silverton
- Lt. Col L W Visser Ballistics, SAPS Silverton.
- Asst.Dir C de Jager, IPID
- Const Motioung (LCRC, Brits).

ADDITIONAL OBSERVATIONS

• BI1663 for number A07501061 signed.

DIAGRAM

Diagram depicting bullet wounds in paragraph 4.



The arrow indicates the direction of the bullet.



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600105(a)

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

Principal Specialist/Snr Lecturer Head of Clinical Unit (Medical)

1chtflecuis

MBChB, DTM&H, Cert.Med & Law, Dip.For Med, FC For.Path

Place: Ga-Rankuwa FPS Date: 19109/2012.

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

theron in my presence.

COMMISSIONER OF OATHS

Full Name (in BLOCK letters):

Business Address (In BLOCK Letters):

Designation (Rank): ..

THE PART WAY THEN GOT 00



SOUTH AFRICAN POLICE SERVICE

Body number DRS69 / 12

AUTHORITY TO HAND OVER BODY AND ACKNOWLEDGEMENT OF RECEIPT

	To: The Commander Government Mortuary							
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	7	PART A						
	AUTHORITY	TO HAND OVER BODY						
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	Place Protery Date 2012-08-20.	(Signature of next of kin or other authorised person)	*****					
	Date 2012-07-20 ,	(Signature of next of kin or other authorised person)						
		Address	******					

		##F###################################						
		(Tel. No. 073 2145 192	S)					
3		PART B						
24	ACKNOWLEDGEMENT OF RECEIPT							
	I certify having received the body of) + v a m d h ф					
	1-20	04000000000000000000000000000000000000						
	properly cleaned, sutured and prepared for burial	I from the government mortuary at						
	1.							
			04 +++					
	Place	(Signature of part of his other withouted	******					
	Date	(Sigr inture of next of kin, other authorised person or representative of undertaker)						
		Address						
		(Tel. No)					





SOUTH AFRICAN POLICE SERVICE

IDENTIFICATION OF BOD	ID	EN	IT	ΊF	IC	AT	10	N	OF	BO	ים	Y
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J	as being that of Tokobi Mana Cobywa Particulars of deceased:
	1. Identity number.
	3. Residential address woo bettop - May Lana.
	4. Employed at Loumbur.
	5. Relationship to deponent
	7. Name and address of *residence/employment of deceased's ·husband/wife/father/mother/brother/sister/other
	relative ShadkS PAULL
	92 11
	"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."
(Mary)	 I know and understand the contents of this declaration. I have objection/no objection to taking the prescribed oath. I consider the prescribed oath to be binding/not binding on my conscience.
	or y soriolas, the processes sail to be straingned britaing on my conscience.
	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).
	AL.
	(Signature) Commissioner of Oaths
	Full first names and surname
	Full first names and surname 5. 4 Mma Myllogue. Business address (Street address of Police Station) Seema Section floreng. Corpusion Medico Jega Setolce.
	Designation (rank)
	*Delete and initial words not applicable.
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South African Police Service

000109

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

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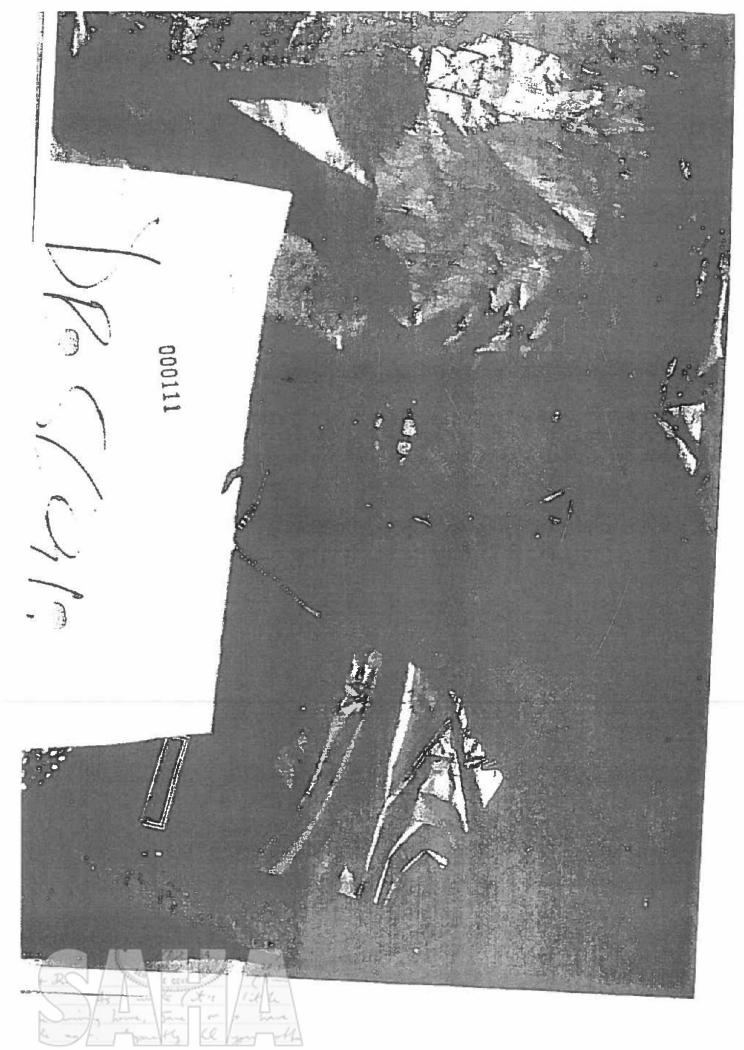


SOUTH AFRICAN POLICE SERVICE

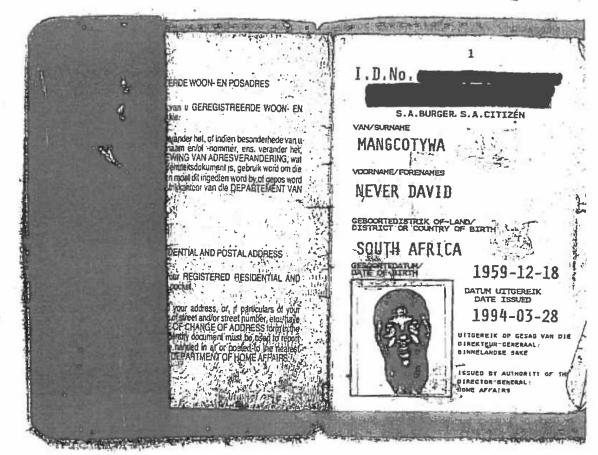
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I.D.No.

S.A.BURGER/S.A.CITIZEN

1

VAN/SURNAME

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VOORNAME/FORENAMES

NEVER DAVID

GEBOORTEDISTRIK OF-LAND/ DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBOORTEDATUM/

1959-12-18

DATUM UITGEREIK DATE ISSUED

1994-03-28

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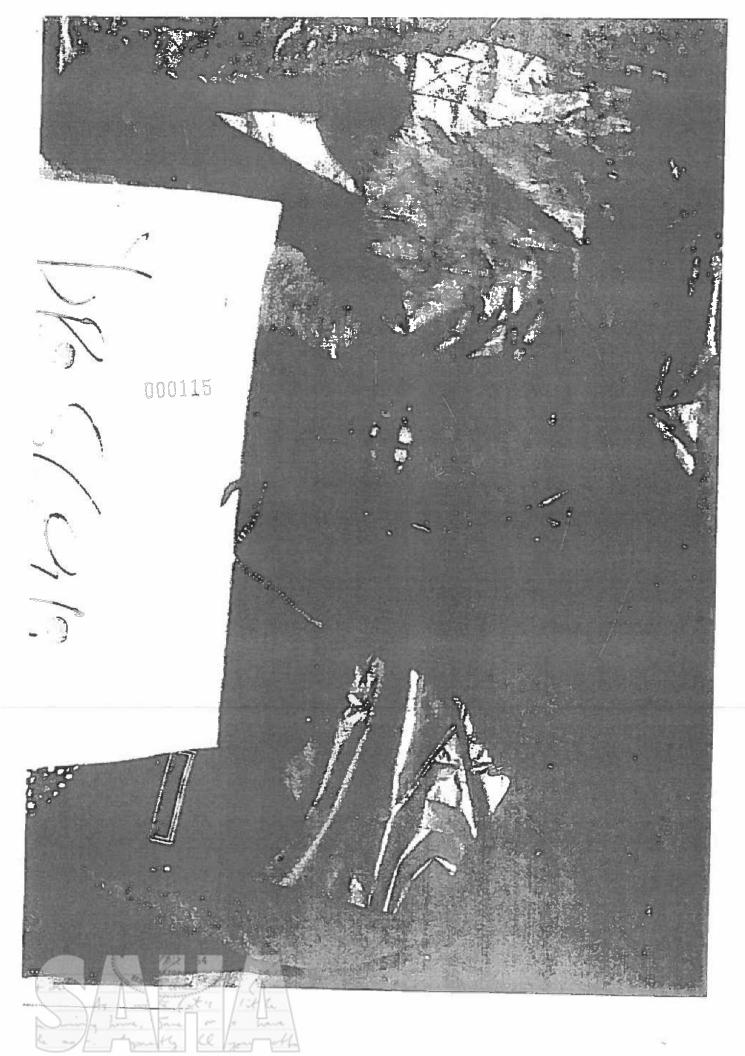
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NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

in terms of the Births and Deaths Registration Act,

1992 (Act No. 51 of 1992)	
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Initials and Surname	
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Date Signature	
PLI CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL	NURSE Postal address
A, the undersigned, hereby certify that the disceased named in Section A, to the best	
of my knowledge and belief, died salety and exclusively due to N VFURAL C VUSES. as specified in Section G.	
I, the nodest igned, an not in the position to certify that the deceased died evelusively due to natural cause.	
	ostal Code
Date Sign at Signature .	SAMPC SANCReg No
D.2 CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST	Post il address
I, the finder regret, here by a criticy that a mediculogal post in mens, various time has been conducted on the hooly of the per and a large particular as a greater in Section V and that the breaky is no longer	0 130 1 7 7
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DEPARTMENT OF HOME AFFAIRS

NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

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	Surnance (CO) Surnance	Age at last birthday
	Maiden Name	Sex VANIEL
	(If lemale)	If death occurred within 24 hours after birth
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	PLACE OF DEATH (City / Town / Village) WOON 3 9 160 1	Left thumb print of deceased
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	B PARTICULARS OF INFORMANT	
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	Date Signature	و مند الرواب الأدارية المسلمين المسلم
	D.1 CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE	Postal address.
1	1, the undersigned, hereby certify that the deceased named in Section A, to the best	
200	of my knowledge and belief, died solely and exclosively due to NATURAL CAUSES, as specified in Section G.	
	I, the undersigned, an not in the position to certify that the deceased died exclusively due to annual causes.	
	Initials and Surname Pustal Code	
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	D.2 CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST	Perstal address
	I, the under lened, hereby certify that a medicales to performance examination has been considered to	THE THE
	the body of the person vitose participants and given in Section A and that the body is no lower in pured for the purpose of the inquest Act, 1959 (Act No. 58 of 1959) and that the course of death is:	
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ALLOW REGISTER OF DEATH / STILLBIRTH

83/BI

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

(After completion seal to ensure confidentiality) Space for Har Code 000118 • Must be completed in black ink (please tick / where applicable) SERIAL No. • Please refer to instructions FILE No: F DEMOGRAPHIC DETAILS Initials and Surname of deceased Identity number PLACE OF DEATH 1. Hospital: (Inpatient ER / Outputient DOA 2. Nursing Home J. Home 4. Other (Specify) FACILITY NAME. (If not an institution, give street name and number ... USUAL RESIDENTIAL ADDRESS OF DECEASED (Where someone lived on most days) Street name and number Name of Plot, Farm, etc. Suburb / Village 9 20 9 NO 6 4/2 Town / City Province / Country Postal Code 0300 RUGIL-Magisterial district Consus enumerator area DECEASED'S EDUCATION (Specify / only highest class completed / achieved) Gr7 Gr8 Cit) Gr10 GrH Gr12 Univ Form Firm Form Louin Form NTCI NTC2 NIC USUAL OCCUPATION OF DECEASED TYPE OF BUSINESS / INDUSTRY (e.g. Mining, Farming etc.) tgive type of work done during most of working life. Do not use "retired". Refer to instructions. WINGA Was the deceased a smoker* five years ago? - (Do not know Not applicable (minor) G MEDICAL CERTIFICATE OF CAUSE OF DEATH FOR OI Approximate interval USE O PART 1 linter 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, ICD. (Days / Months / Years) IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause **Enter UNDERLYING CAUSE last** (Disease or injury that initlated 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 If stillborn, please write mass in grams African | X Do you consider the deceased to be. White Method of ascertainment of cause of death T. Atitopsy 2. Opinion of attending medical practitioner Opinion of attending medical practitioner on duty

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MULIFICATION / REGISTER OF DEATH / STILLBIRTH

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INFORMATION FOR MEDICAL AND HEALTH USE ONLY

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	(give type of work done during most of working life, Do not use "retired". Refer to instruction	ns
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1	Way, the deceased a smoker* five years ago? () Yes No Do	not know Not applicable (mnor)
Ì	G MEDICAL CERTIFICATE OF CAUSE OF DEATH	FOR OFFIC
1	PART 1 Enter the disease, injuries or complications that caused the death. Do not enter the mode of c such as cardiac or respiratory arrest, shock or heart failure. List only one cause on each line	e. (Days / Months / Years) ICD 10
نب	IMMEDIATE CAUSE (Final disease (a) Perforating G	inshot III
į	or condition resulting in death) Due to (or a consequence yi) Sequentially list conditions, if any, Set UOCLOTEL Of CLIENTER	est.
	leading to immediate cause. Due to (or a consequence of)	
1	AT DECIME OF COURTS THE CONTROL OF COURTS	
İ	events resulting in death) Due to (or a consequence of)	
l	Due to (or a consequence of)	Story of the section
Appropriate the second	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? (Y) Yes No	
The same of the sa	If stillborn, please write mass in grams	
The street lives	Do you consider the deceased to be: African White Indian Coloured	Other (Specify)
-	Method of ascertainment of cause of death:	
	Autopsy	m of attending medical practitioner on duty



FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: DES19112

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMEND	AFFIDAVIT IN	ERMS OF	SECTION 212(8)	ACT 51 OF	1977 AS	AMENDED:
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I, E MADIPELA. __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 $\frac{2012-08-21}{1}$ received the following exhibit (s): $\frac{2012-08-21}{1}$

From PR FO McGAKANE

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 - 88 - 27 I handed the above exhibit (s) to the LAB officer

REF! Prop 3932/12

The Alc was sealed with the official seal no for 071153

- 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

Date: 2012/09/10

MI) m2 mo Lo70

NAME: MATLOY ZACHARIA MOLOTO

ADRESS : 6543 KGOTLENG STREET, GA-RANKUWA

RANK: CHIEF FOREMSIL OFFICER

	FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO:	<u>/</u> ::
	AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED:	
	I, <u>E. Marine C.A.</u> 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 $\frac{2002 - 2000}{1000000000000000000000000000000000$	
4	From DR F & Mich Park	
	While the exhibit (s) was in my possession or control, it was kept in safe custody, seal kept intact at not interfered with.	nd
	On I handed the above exhibit (s) to the officer	
	The Acc was sealed with the official seal no Acc was sealed with the official seal no I know and understand the contents of this declaration.	
	 I have no objection to taking the prescribed oath. I consider the prescribed oath to be binding on my conscience. 	
	Place: FPS Ga-RankuwaSF.O.	
	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.	x
	Place: Ga-Rankuwa FPS, 5 Mill m2 hrs L07; C.F.O	
	MARTLEY LATPARIN MINES	
	NAME : ADRESS : 6543 KGOTLENG STREET, GA-RANKUWA	
	RANK: PHICE TORESTE	



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Post Mortem Toxic	ology Referral F	orm (PLEASE PF	RINT CLEARL	YINEN	GLISH)	1	11
Mortuary OP F Reference OR PM or	HOR BY 69/12	Priority	y Status:	Urgeni		Routine	X
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SAPS station		ME	PEIKAN	Pr			
Date of specimen							
collection		120	120	8-3	71		
Time of specimen							
collection		115	30				
Date of death			19-0	28			
Was the deceased			? Yes		N	lo	
If YES, please indic		<u>a:</u>					
ength of hospitaliza			/				
Were toxicological a On blood in hospital	?	Yes	5	No		Unsure	
If YES, please list re	sults:			/			
			/				
Were any drugs adm hospital?		admission in Yes	5	No		Unsure	
If YES, please list of	úgs.	/					
Clinical History	Age	Race	13	Sex	Male \	Female	
Circumstance of death:	Suicide	Homicide	MVA		Unknown	Other	
Please provide relev	ant facts in the hi	story					
	5W_						
Relevant post mort	em observations	by the pathological from etc)	ist (e.g. table	t pieces	in stomach,	needle punct	ure marks
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FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO. A. 569 1/2

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

I. E- MADUP ELD. __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 $\frac{2012-08}{21}$ received the following exhibit (s): TEXICELEGY

From DR MOGAKANE

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 496 officer REFITX2431/12 - TX2434/12

The Tox 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

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

Place: Ga-Rankuwa FPS

Date: 2012/09/19

Mill Ma MOLOSO C.F.O

NAME

RANK

: CHIEF FOREMSIL OFFICE

	FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: 1
	AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED: 1, E 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 Zara - care I received the following exhibit (s): Transcript
12%	From DR
3	While the exhibit (s) was in my possession or control, it was kept in safe custody, seal kept intact and not interfered with.
الأث	On 2 - 0 2 7 I handed the above exhibit (s) to theofficer
	REF! TY2431/12 - TY2434/12
	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 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 NAME: 1777-104 2 PCH PR ID NAME: 6543 KGOTLENG STREET, GA-RANKUWA RANK: CHIEF FOR CITSIC OFFICEL





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 ... O MOGRAPIE

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) 108 130

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

No PC646310 Rank 1/ Injesticion Name Errice Metaling

SIGNATURE OF I/O

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

- Ι. 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: Ga₇Rankuwa FPS Date: 20 / _ / _ / _ .

(City)

NAME

LUCAS MENZELWA MAHLANGU

ADRESS

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).

- 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:
 - 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

ARCHIVE FOR JUSTICE

KKKR

000126 (9)

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 in 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.** <u>Track of wounds B and B1</u>: 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.







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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



3

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G00127 (9)

- 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 PA5000486911and 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:

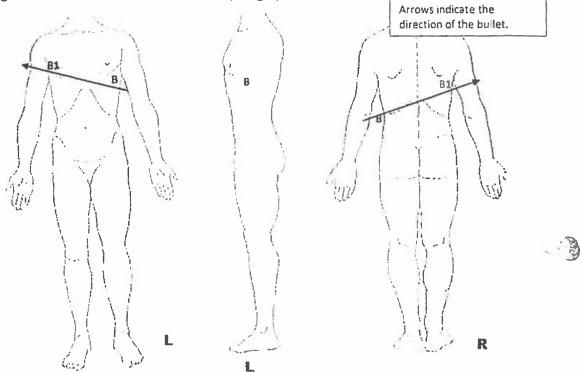
- A. Dr. M du Plessis, a Forensic Registrar at Ga-Rankuwa FPS scribed and assisted with the collection of specimens and exhibits.
- B. Dissectors were: Mr. T. P Gaawakgomo (Forensic Officer Phokeng: dissector), Mr. D. Makabe (Forensic Officer Phokeng: dissector), Mr. P. M. Mokgosi (Forensic Officer Phokeng: 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 Motloung (LCRC Brits: Photographer)





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 of believe not to be true, I could be liable to prosecution.

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

/c/c/flouries

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)

19/09/2012 Date:

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.



6

951000

COMMISSIONER OF OATHS

Full Name (in BLOCK letters): ...

Business Address (In BLOCK Letters):

Medico-Legal Laboratory

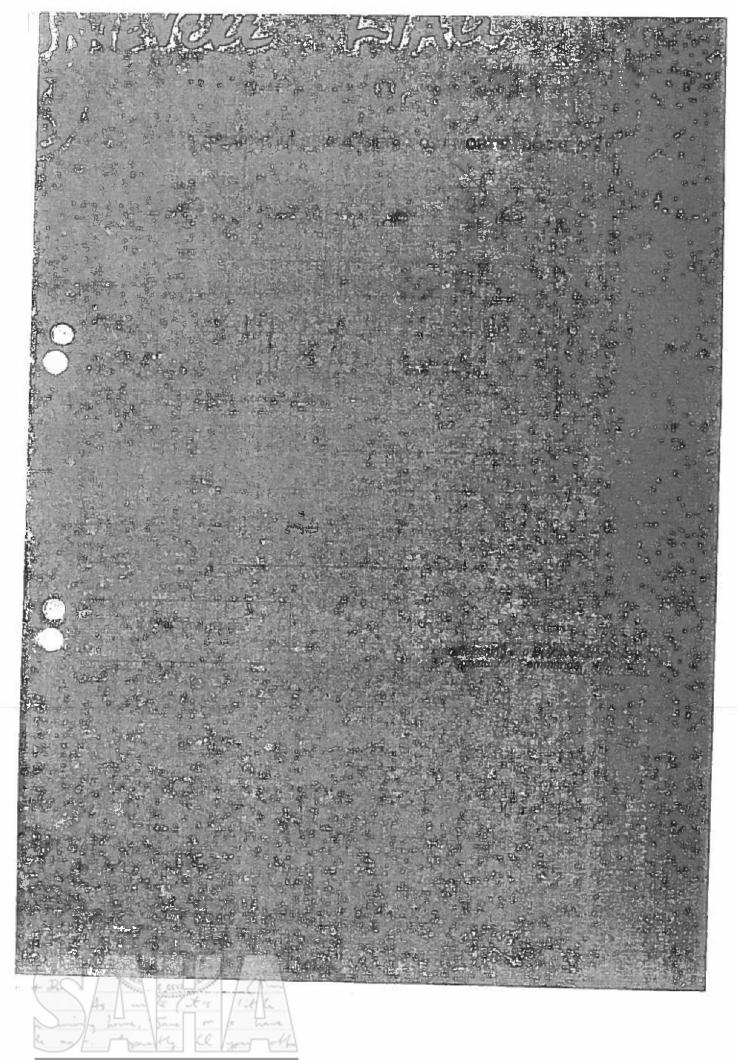
Ga-RankuwaHospital Box 117 (Room SB 28)

MEDUNSA

0204

Designation (Rank): .

... (Department of Health)





South African Police Service

131

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

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