

000215

MEDICO-LEGAL LABORATORY : PRETORIA

DR 0573/12

AFFIDAVIT IN TERMS OF SECTION 212(4) ACT 51 OF 1977.

I, RYAN BLUMENTHAL [Qualifications: MBChB DipForMed(SA) MMed(MedForens)(Pret) FCForPath(SA)], attached to the Section: Forensic Pathology Services (Pretoria), Private Bag X323, ARCADIA, 0007, declare under oath as follows:

I am in the employ of the Gauteng Provincial Government as a forensic pathologist (specialist medical practitioner) in Pretoria.

On 22/8/2012 the body of an adult black male

was presented to me. The body was marked with an identification tag bearing the number:

DR0573/12. The body was identified as that of

Ntandazo Nkamba

according to SAPS 377. On 22/8/2012 I performed

an autopsy on said body and noted my findings on the attached form (GW 7/15), which facts I ascertained through an examination which required skill in biology, anatomy and pathology.

The content of this affidavit to the best of my knowledge and belief is true and correct. I am aware that if this affidavit should be presented as evidence and contains something that I know to be false, or that I believe is untrue, I may be prosecuted.

I am fully cognisant with the contents of this affidavit. I have no objection to taking the prescribed oath. I consider the prescribed oath as binding on my conscience

Signature of Dr. Ryan Blumenthal with qualifications: Dr. Ryan Blumenthal, MBChB(Pret) MMed (Med Forens) Pret, FC For Path(SA) Dip For Med (SA), MP0508136

DATE: 2012-08-29

NAME: DR R BLUMENTHAL, OFFICIAL TITLE: SENIOR SPECIALIST

I certify that the deponent acknowledged that he is fully cognisant with this affidavit and he knows and understands the contents of this affidavit, signed and sworn before me at Pretoria on the undermentioned date

DATE: PRETORIA, COMMISSIONER OF OATHS

FULL NAMES AND SURNAME:

TITLE / RANK: PERSAL NUMBER:

ADDRESS: PRETORIA MEDICO-LEGAL LABORATORY, 10 Dr Savage Road, RIVIERA, 0084, Pretoria



A385

GW 7/15

REPUBLIC OF SOUTH AFRICA  
GAUTENG DEPARTMENT OF HEALTH

000216

REPORT ON A MEDICO LEGAL POST MORTEM EXAMINATION

Death Register No. 0574/2012

To the magistrate of: RUSTENBURG

I, RYAN BLUMENTHAL do hereby certify:

(i) that at THE MEDICO-LEGAL LABORATORY GARANKUWS (MLL), on the 22<sup>nd</sup> day of August 2012 commencing at 10h30am I examined the body of an adult black male; and

(ii) that this body was identified to me -

- (a) by TP Sekhute of the MLL, Garankuwa, as being that of DR0574/2012; and
- (b) by SAPS 377 on 23/08/2012 as being that of FEZILE DAVID SAPHENDU whose reputed/estimated age was 23 years, and

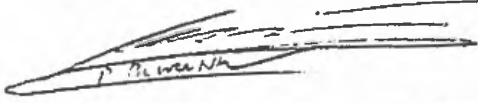
(iii) that death took place as informed on 16/08/2012 (the probable time of death was not determined due to refrigeration).

(iv) that the chief post mortem findings made by me on this body were the following: An adult black male with perforating gunshot wound through-and-through the thorax. The gunshot entrance wound was located on the right lateral thorax and the gunshot exit wound was located on the left lateral thorax. The gunshot wound path travelled from right-to-left at a relatively horizontal angle of trajectory through the lower- and middle lobes of the right lung, the descending arch of the aorta and the upper lobe of the left lung. No projectiles were identified on the body or within the clothing.

(v) that, as a result of my observations a schedule of which follows, I concluded that the cause of death was the following:

GUNSHOT CHEST

Dated at PRETORIA this 29 day of August 2012



Signature: \_\_\_\_\_  
 Qualifications: MBChB(Pret) MMed(MedForens)(Pret) DipForMed(SA) FC For Path(SA)  
 Designation: SENIOR SPECIALIST / FORENSIC PATHOLOGIST

FORENSIC PATHOLOGY SERVICE: PRETORIA  
 OFFICIAL POSTAL ADDRESS: PRIVATE BAG X323, ARCADIA 0007 Tel: (012) 323 5298  
 re/ms

**SCHEDULE OF OBSERVATIONS:**

**GENERAL:** An adult black male.

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1. **Height:** 1.69m.  
**Mass:** 55.6kg.  
**Physique:** Normal.  
**Nutrition:** Good.

**2. Special identifying features:**

- The decedent has short shaven scalp hair.
- Stubble is present on the beard region.
- No further special identifying features can be identified.

**3. Secondary post-mortem changes:**

- The body is in a relatively advanced stage of autolysis and secondary flaccidity is present.

**4. External appearance of body and condition of limbs:**

(Please see attached Annexure A):

**4.1 General:**

- External examination shows an adult black male.
- At the outset of the examination the decedent was covered in small flecks of grass.
- A 22.0cm stick accompanies the body to the mortuary.

**4.2 Clothing:**

- White leather shoes with yellow laces.
- Black jeans.
- Grey socks.
- Light blue shorts (*Jockey*).
- *All-Star* khaki long-sleeve hooded shirt.
- A multi-coloured horizontally-striped shirt.
- *Jockey* underpants.
- And a multi-coloured blanket is knotted around the upper thorax.

**4.3 Gunshot entrance wound:**

- This wound is located 3.0cm below the right axilla.
- This wound is located 15.0cm lateral-and-to-the-right of the anterior midline.
- Examination shows a 0.7cm in diameter central concentric punched-out wound defect.
- Examination of the surrounding skin and outer clothing layer shows no stippling, tattooing or powder burns.
- This wound penetrates the fourth rib space on the lateral aspect of the right side of the thorax.

**4.4 Gunshot exit wound:**

- This wound is located 7.0cm below the left axilla.
- This wound is located 17.0cm lateral-and-to-the-left of the anterior midline.
- Examination shows a 1.0cm in diameter irregular lacerated wound defect.

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- Examination of the surrounding skin and outer clothing layer shows no powder burns, stippling or tattooing.
  - This wound penetrates the fifth intercostal space on the lateral aspect of the left side of the thorax.
  - Features are in keeping with that of a gunshot exit wound to the region.
- 4.5 Other findings:
- Fresh, traditional-healer marks are located on the lateral aspects of both temple regions, the xiphisternum region, the anterior superior iliac spine regions; over both anterior thighs, over both knees, and overlying both ankles.
  - A 1,0cm x 0,5cm fresh abrasion overlies the left kneecap.

## HEAD AND NECK

### 5. Scalp and skull:

- Reflection of the scalp shows no abnormalities.
- Examination of the skull shows no fractures.

### 6. Intracranial contents:

- The brain is autolytic.
- An area of fresh subarachnoid congestion measuring 5,0cm x 4,0cm is located overlying the right temporal lobe.
- An area of fresh subarachnoid congestion measuring 5,0cm x 4,0cm overlies the left temporal lobe.

Brain mass: 1490g

### 7. Orbital, nasal and aural cavities:

- No abnormalities can be detected.

### 8. Mouth, tongue and pharynx:

- No abnormalities can be detected.

### 9. Neck structures:

- No abnormalities can be detected.

## CHEST

### 10. Thoracic cage and diaphragm:

- The gunshot wound path travels from right-to-left at a relatively horizontal angle of trajectory through-and-through the thoracic cage.
- The gunshot entrance wound penetrates the fourth rib on the lateral aspect of the right side of the thorax, then perforates through-and-through thoracic vertebra T6, then penetrates the fifth intercostal space on the lateral aspect of the left side of the thorax.
- Surgical emphysema is located on the posterior aspect of the sternum.
- The diaphragm is normal.

### 11. Mediastinum and oesophagus:

- The oesophageal mucosa is pale.

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- No injuries to the oesophagus can be identified.

**12. Trachea and bronchi:**

- No abnormalities can be detected.

**13. Pleurae and lungs:**

- The gunshot wound path travels from right-to-left at a relatively horizontal angle of trajectory through-and-through the right lung middle- and lower lobes and through-and-through the left lung upper lobe.
- Both lungs show signs of collapse atelectasis.
- The left thoracic cavity contains 1100ml of blood and the right thoracic cavity contains 600ml of blood.

Lung mass: L: 220g R: 240g.

**14. Heart and pericardium:**

- A 2,0cm in diameter fresh subendocardial haemorrhage can be identified at the left ventricular outflow tract of the heart.

Heart mass: 230g.

**15. Large blood vessels:**

- The gunshot wound perforates through-and-through the descending arch of the aorta. Examination shows signs suggestive of high-velocity perforating gunshot wound injury through the descending arch of the aorta.

**ABDOMEN**

**16. Peritoneal cavity:**

- No abnormalities can be detected.

**17. Stomach and contents:**

- No abnormalities can be detected.

**18. Intestines and mesentery:**

- No abnormalities can be detected.

**19. Liver, gall-bladder and biliary passages:**

- An area of fibrosis of the capsule of the anterior right lobe of the liver is present which measures 6,0cm x 4,0cm in size.
- The gall-bladder is normal and contains 30,0ml of fluid bile.

Liver mass: 1200g.

**20. Pancreas:**

- No abnormalities can be detected.

Pancreatic mass: 90g

**21. Spleen:**

- No abnormalities can be detected.

Spleen mass: 160g

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**22. Adrenals:**

- No abnormalities can be detected.

**23. Kidneys and ureters:**

- Both kidneys are pale and autolytic.

Kidney mass: L: 100g R: 100g.

**24. Urinary bladder and urethra:**

- The bladder mucosa is relatively pale and autolytic.
- At the outset of this examination the bladder contained approximately 20,0ml of urine.

**25. Pelvic walls:**

- No abnormalities can be detected.

**26. Genital organs:**

- The penis appears uncircumcised.
- No abnormalities can be detected.

**SPINE**

**27. Spinal column:**

- The gunshot wound perforates from right-to-left at a relatively horizontal angle of trajectory through-and-through the vertebral body of thoracic vertebra T6.

**28. Spinal cord:**

- Not visualized, although injury should be suspected at the level of the gunshot wound injury at the level of T6.

**SPECIMENS RETAINED:**

NATURE OF SPECIMENS	NATURE OF INVESTIGATION REQUIRED	DISPOSAL OF SPECIMENS
Blood - brachial vessels.	Ethanol.	Handed to Z Moloto for sealing with seal no. PMK070543/4.
Cardiothoracic organs.	Occupational Diseases in Mines and Works Act (Act 78 of 1973).	National Institute for Occupational Health.
Liver, stomach, bile and urine.	Toxicological examination.	Given to Z Moloto for sealing with seal no. TX032862.
Buccal swab.	DNA investigation.	Given to Z Moloto for sealing with seal no. PA5000486915.

  
 Dr. Ryan Blumenthal  
 M.D., Ph.D., M.Med., M.Ch., F.R.C.P., F.R.C.P.S., F.R.C.P.S.C., F.R.C.P.S.I., F.R.C.P.S.G., F.R.C.P.S.N., F.R.C.P.S.O., F.R.C.P.S.A., F.R.C.P.S.E., F.R.C.P.S.M., F.R.C.P.S.I.C., F.R.C.P.S.I.S., F.R.C.P.S.I.C., F.R.C.P.S.I.S., F.R.C.P.S.I.C., F.R.C.P.S.I.S.

ADDITIONAL OBSERVATIONS:

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- DHA -1663 A07501035.
- Please see attached **Annexure A**.
- Whole body x-rays were performed and no projectiles were identified on the body or within the clothing.
- An identification badge was identified on the deceased (Saphendu Employ number 20020431).
- Lt-Col André Botha (Ballistics – Service number: 04301722), HP Kruger (Forensics Silverton – Service number 04257758) and Const IJ Sekete (LCRC Brits – Service number: 7184886) attended the post mortem examination and took the necessary photographs.

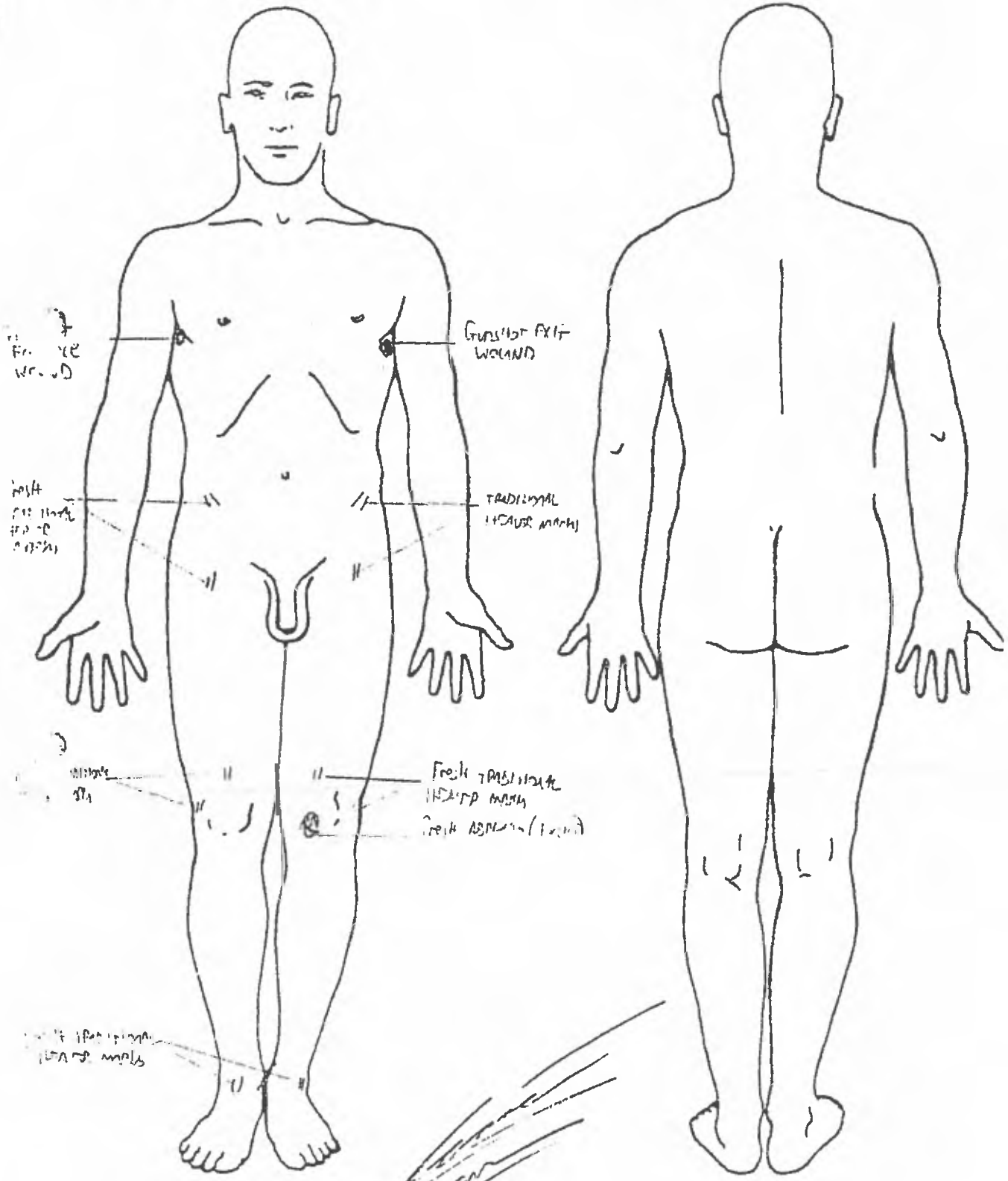
HISTOLOGICAL REPORT: None.

Full body, male, anterior and posterior views (ventral and dorsal)

000222

Name ANNEXURE A Autopsy No. DR 574/2012

Age      Race B Sex ♂ Date 2017/05/22



*R. Blumenthal*

Dr. Ryan Blumenthal  
 M.D., Ph.D., M.Med., Med. Forensic Pathologist  
 F.P.S., A.C.P. For Med. (IA)  
 MP0508136



153 DADA SAMA



NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

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

Space for Bur Code

000224

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

• Please refer to instructions

FILE No.: DATE: A0750135

A PARTICULARS OF DECEASED INDIVIDUAL  / STILLBORN CHILD

Identity number of deceased: [grid] Date of death: [grid]  
Surname: [grid]  
Maiden Name (If female): [grid]  
Forenames: [grid]

Date of birth: [grid]  
Age at last birthday: [grid] years  
Sex: [grid]  
If death occurred within 24 hours after birth number of hours alive: [grid]

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

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

Left thumb print of deceased

B PARTICULARS OF INFORMANT

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

Left thumb print of informant  
Dialling Code: [grid]  
Telephone No.: [grid]

C PARTICULARS OF FUNERAL UNDERTAKER

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

Office Stamp of Funeral Undertaker

D CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE

I, [grid] signed, 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, specific to Section G.   
I, undersigned, am not in the position to certify that the deceased died exclusively to natural causes.   
Initials and Surname: [grid]  
Signed: [grid] Signature: [grid]

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

E CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST

I, 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 red 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: [grid]  
Date of post-mortem: [grid]  
Signature: [grid] Date signed: [grid]

Postal address: [grid]  
Postal Code: [grid]  
SAMDC Reg. No: [grid]  
Signature: [grid]

F OFFICIAL USE ONLY

Registration of Death approved and Burial Order issued  
Initials and Surname of Registrar: [grid]  
Force No./ Designation No.: [grid]  
Persal No.: [grid]  
Date: [grid] Signature: [grid]

MP0508136



# NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

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

Space for Bar Code



000225 9999

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

• Please refer to instructions

FILE No. AL 574/12 DATE: 08/2012 A07501035

## A PARTICULARS OF DECEASED INDIVIDUAL / STILLBORN CHILD

Identity number of deceased: [REDACTED]  Date of death: 2012 08 16

Surname: SADLER

Maiden Name (If female):

Forenames: HEZEL DAVID

Date of birth: 1988 12

Age at last birthday: [REDACTED]

Sex: MALE

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

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

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

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

PLACE REGISTRATION OF DEATH: South African

CITIZENSHIP OF DECEASED: South African

Left thumb print of deceased

## B PARTICULARS OF INFORMANT

Identity number: [REDACTED]

Initials and Surname: [REDACTED]

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

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

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

Date: [REDACTED] Signature: [REDACTED]

Left thumb print of informant  
Dialling Code: [REDACTED]  
Telephone No: [REDACTED]

## C PARTICULARS OF FUNERAL UNDERTAKER

Initials and Surname: [REDACTED]

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

Date: [REDACTED] Signature: [REDACTED]

Office Stamp of Funeral Undertaker

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

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

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

Initials and Surname: [REDACTED]

Date Signed: [REDACTED] Signature: [REDACTED]

Postal address: [REDACTED]

Postal Code: [REDACTED]

SAMDC / SANC I

## 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: R BLUMENTHAL

Place of post-mortem: GANNING Date: 2012 08

Mortuary reference: AL 574/12 Date signed: 2012 08

Postal address: 10 DR SALVAGE RD RIVTSPA PRETORIA

Postal Code: 009

SAMDC Reg. M P 0598

Signature: Dr Rina Blumenthal

## E FOR OFFICIAL USE ONLY

Registration of Death approved and Burial Order issued

Initials and Surname of Registrar: [REDACTED]

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

Postal Code: [REDACTED] Peral No.: [REDACTED]

Date: [REDACTED] Signature: [REDACTED]

Office Stamp  
MP0508136

\* Someone who smokes tobacco on most days



# NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

83/BI - 1663

Page 2

## INFORMATION FOR MEDICAL AND HEALTH USE ONLY

(After completion *seal* to ensure confidentiality)

Space for Bar Code

000226

to be completed in black ink (please tick  where applicable) SERIAL No: **AG 7501035**  
 No: **25412** DATE: **10/8/12**

### DEMOGRAPHIC DETAILS

Name and Surname of deceased: **H D SAPHINDU**

Age: **1**

Place of Death: 1. Hospital: (Inpatient  ER / Outpatient  DOA  ) 2. Nursing Home  3. Home  4. Other (Specify)

Residential Name: **Non Belkop**

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

Street number: **[Redacted]**  
 Farm, etc.: **[Redacted]**  
 Suburb / Village: **[Redacted]**  
 City: **EASTERN CAPE**  
 Country: **[Redacted]**  
 Postal Code: **[Redacted]**  
 Electoral district: **[Redacted]**  
 Census enumerator area: **[Redacted]**

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

Gr1	Gr2	Gr3	Gr4	Gr5	Gr6	Gr7	Gr8 Form 1	Gr9 Form 2	Gr10 Form 3 NTC1	Gr11 Form 4 NTC2	Gr12 Form 5 NTC3	Univ Tech	CODE

Occupation of Deceased: **General Production** TYPE OF BUSINESS / INDUSTRY (e.g. Mining, Farming etc.): **Large Milk**

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

### MEDICAL CERTIFICATE OF CAUSE OF DEATH

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

IMMEDIATE CAUSE (Final disease or condition resulting in death)	Approximate interval between onset and Death (Days / Months / Years)	FOR OFFICE USE ONLY ICD-10
(a) Due to (or a consequence of) .....		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE last (Disease or injury that initiated events resulting in death)		
(b) Due to (or a consequence of) .....		
(c) Due to (or a consequence of) .....		
(d) Due to (or a consequence of) .....		

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

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

If stillborn, please write mass in grams: **[Redacted]**

You consider the deceased to be: African  White  Indian  Coloured  Other  (Specify) .....

Method of ascertainment of cause of death:

- Autopsy
- 2. Opinion of attending medical practitioner
- 2. Opinion of attending medical practitioner on duty
- 4. Opinion of registered professional nurse
- 5. Interview of family member





SOUTH AFRICAN POLICE SERVICE

000227

IDENTIFICATION OF BODY

Station/Government Mortuary Prokery CAS/CR/Serial No. Dr 5741

Identity number ..... an/a adult/minor White/Black/Asian/Coloured

male/female residing at ..... State under oath/confirm  
On 108/2012 at the Government Mortuary, Prokery

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

as being that of FELICE DAVID SAMUELSON

Particulars of deceased:

1. Identity number ..... 2. Date of birth 1988/12/24

3. Residential address [REDACTED]

4. Employed at CARER MINE

5. Relationship to deponent ..... 6. Marital status SINGLE

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

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

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 placed thereon in my presence, at Prokery (place) on 108/2012 (date)

[Signature] Commissioner of Oaths

Full first names and surname Bruce Sekwane

Business address (Street address of Police Station) Prokery

Designation (rank) MANAGER South African Police Service

\*Delete and initial words not applicable





000228

61/7762



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

Conditional Agreement of Service

Registration Date: 2012/06/08

**Surname:** SAPHENDU  
**Other Names:** FEZILE DAVID  
**Gender:** MALE  
**Father's Name:** BHITYILEYO SAPHENDU  
**Mother's Name:** NOLINDILE SAPHENDU  
**Spouse's Name:**  
**Chief / Headman:**  
**Country:** SOUTH AFRICA  
**District:** MQANDULI  
**Language:** XHOSA  
**Religion:** ██████████  
**Home Address:** ██████████  
 KWAYIMANI A/A  
 ██████████  
 ██████████  
 ██████████  
 5080  
**Living out / Mine accommodation:** ██████████  
 ██████████  
 MARIKANA  
 0284  
**Emergency Contact:** NOLINDILE SAPHENDU  
 ██████████  
**Death Beneficiary:** NOLINDILE SAPHENDU  
**Beneficiary Relation:** MOTHER  
**Beneficiary Address:** ██████████  
 ██████████  
 ██████████  
 ██████████  
 5080  
**Beneficiary Contact:** ██████████

**Employer:** KAREE MINE 596  
**Site:** 000229  
 KAREE MINE 596  
**Industry No:** Z3193517  
**Office:** MTHATHA 3909  
**Serial Number:** 1046 **Year:** 2012  
**Company No:** Z3193517  
**Occupation:**  
**Passport No.:**  
**Passport Expiry Date:**  
**Identity No: (Did not Pass validation):** ██████████  
**Date of Birth:** 1988/12/24  
**Marital Status:** SINGLE  
**Dependents:** 1  
**Education Std Attained:** GRADE 12 OR N2 WITH CERTIFICATE  
**Qualification:**  
 ABET Numeracy Qualification  
 -  
 ABET Literacy Qualification  
 -  
**Agreement Period (Weeks):** 52  
**Agreement Expiry Date:** 2013/06/07  
**Experience:** 458 - EX LEAVE  
**Industry Certificate No:** 94991/10  
**Type of Employment:** Underground

**Previous Agreement**  
**Office:** MTHATHA 3909  
**Serial Number:** 525 **Year:** 2011 **No. of Weeks on last agreement:** 52  
**Date of last discharge:** 2012/05/07  
**Last Employer:** KAREE MINE 596

**Endorsements, Vaccinations etc.**  
 GEN NO.52367/11

I accept and agree that my medical exit certificate and radiological reports will be retained by TEBA Ltd and attached to my record of service that is held by TEBA Ltd in its database. Furthermore, I authorise TEBA Ltd to disclose the contents thereof to mining industry officials for possible employment.

The employment of the employee is subject to the employee being declared fit by way of an occupational medical examination, and the employee having a satisfactory prior employment record. The employee further authorises and agrees that TEBA Limited may at any time verify his/her fingerprints and ID number with its database and, that held by the Department of Home Affairs.

**Signature:** Alton Jozana  
**Date Printed:** 2012/08/17 05:21:17 PM

**Employee's Signature or Mark**  
 NOT AVAILABLE  
 574



000230



000231

6117162

DEPARTMENT OF HEALTH

FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: DR574112

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

I, E. M. M. M. M. M. declare under oath:-

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

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

From DR FO MCGARRANE

000232

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

On 2012-08-27 I handed the above exhibit (s) to the LAB officer  
REF: PM 3835/12

The AK was sealed with the official seal no PMK 070543

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. M. M. M. 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 M. M. M. M. M. C.F.O.

NAME : MARLOY ZAHARUD MOLOTO  
 ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA  
 RANK : CHIEF FORENSIC OFFICER

DEPARTMENT OF HEALTH

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

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

I, ..... declare under oath:-

000233

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

In the performance of the official duties in connection therewith and on ..... I received the following exhibit (s):

From DR .....

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

On ..... I handed the above exhibit (s) to the ..... officer

REF: .....

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 ..... C.F.O

NAME : IRAZLOU ZACHARIA

ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA

RANK : CHIEF FORENSIC OFFICER

TX 2451/12

Version: Revision 02

TX 2454/12

Document number: FSL601

Effective date: 01/01/2009

Post Mortem Toxicology Referral Form (PLEASE PRINT CLEARLY IN ENGLISH)		000234	
Complete in full and in duplicate (or make a copy).			
Mortuary PHRENG	Priority Status:	Urgent	Routine
DR, PM or WC 574/2012		X	
Case number	If URGENT, please provide reason		
SAPS station			
Date of specimen collection 2012/08/22			
Time of specimen collection 1200			
Date of death 2012/08/16			
Was the deceased hospitalized before his/her death?	Yes	No	<input checked="" type="checkbox"/>
If YES, please indicate the following:			
Length of hospitalization:			
Were toxicological analysis performed on blood in hospital?	Yes	No	<input checked="" type="checkbox"/> Unsure
If YES, please list results:			
Were any drugs administered during admission in hospital?	Yes	No	<input checked="" type="checkbox"/> Unsure
if YES, please list drugs.			
Clinical History	Age	Race	Sex
		B	Male <input checked="" type="checkbox"/> Female
Circumstance of death:	Suicide	Homicide	MVA
			Unknown Other
Please provide relevant facts in the history			
# GSW VICTIM			
Relevant post mortem observations by the pathologist (e.g. tablet pieces in stomach, needle puncture marks on arm, where specimens were sampled from), etc)			



DEPARTMENT OF HEALTH

FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: AR574/12

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

I, E. MABUPELA declare under oath:-

000735

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 MABUPELA

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: TX245/12 - TX2454/12

The Ex was sealed with the official seal no TX 032862

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 MW MABUPELA  
C.F.O

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

DEPARTMENT OF HEALTH

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

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

I, ..... declare under oath:-

000236

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

In the performance of the official duties in connection therewith and on ..... I received the following exhibit (s):

From DR: .....

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

On ..... I handed the above exhibit (s) to the ..... officer

REF: Jx245/12 - Jx252/12

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 (M) Mx Mx Loxo C.F.O

NAME : Mx Mx Loxo  
 ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA  
 RANK : CHIEF FORENSIC OFFICER



000237

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

1/2

SAPD 173 No: \_\_\_\_\_ Lyk Nr: \_\_\_\_\_  
 SAPS 173 No: \_\_\_\_\_ Body II: **AR 574/12**

Plaas aan helpers aan van wat lyk ontvang word  
 Place of receipt of body from body receiving body

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

Volle naam en adres van oortreders  
 Full names and address of the offender

Mark toepasslike blok met X / Mark applicable blocks with X

ID Nr: \_\_\_\_\_  
 ID No: \_\_\_\_\_

Wit White	<del>Swart Black</del>	Bruin Brown	Asiatiese Asian	<del>Manlik Male</del>	Vroulik Female
--------------	----------------------------	----------------	--------------------	----------------------------	-------------------

In wels bekend as (volle naam)  
 Known as (full name)

Ouderdom                      Huwelikstatus                      Land gebore  
 Age                                  Marital status                      Land born

BESONDERHEDE VAN STERFGEVAL / PARTICULARS OF DEATH

Datum en tyd van dood    2012    02/16    Plek van dood    **WONDERKER**  
 Date and time of death                         Place of death

Mark toepasslike blok met X / Mark applicable squares with X

Motorboring Motor accident	Besnoer Strangled	Prosjektor Poisoning	Voerjanger Poisoning	Verdring Drowning	Motortruie Motorcyclist
Smeg Smothered	Van hoogte Fall from height	Opgehang Hanging	Weg Drowning	Van hoogte Fall from height	Anders Other
Anders Other	Van hoogte val Fall from height	Met voorwerp op hals Kill with object	Met mes / voorwerp op stek Stabbed with knife/object	Vergiftig Poisoned	
Anders onder andere Other murder methods	Weggedood Sudden death with no apparent cause	Anders onder andere Other body			



Forensic Pathology Service: GA-RANKUWA: POST-MORTEM NO: DR PHOKENG 574/12

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

I, MATLOU ZACHARIA MOLOTO declare under oath:-

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

In the performance of the my official duties in connection therewith and on 2012 / 08 / 22

I received the following sample(s) from FO 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 / 20 I handed the above specimen(s) to the investigating officer

No 90644310 Rank P/Investigator Name George Motswagole

SIGNATURE OF I/O

The Dna was sealed with the official seal no (PA 5000486915)

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 / 20

(Signature)

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



MEDICO-LEGAL LABORATORY : PRETORIA

000399

DR 0574/12

AFFIDAVIT IN TERMS OF SECTION 212(4) ACT 51 OF 1977.

I, RYAN BLUMENTHAL [Qualifications: MBChB DipForMed(SA) MMed(MedForens)(Pret) FCForPath(SA)], attached to the Section: Forensic Pathology Services (Pretoria), Private Bag X323, ARCADIA, 0007, declare under oath as follows:

I am in the employ of the Gauteng Provincial Government as a forensic pathologist (specialist medical practitioner) in Pretoria.

On 22/8/2012 the body of an adult black male

was presented to me. The body was marked with an identification tag bearing the number :

DR0574/12 . The body was identified as that of

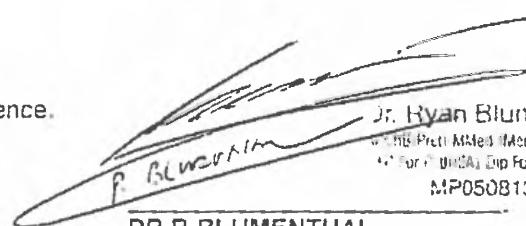
Yeziile David Saphendle

according to SAPS 377 . On 22/8/2012 I performed

an autopsy on said body and noted my findings on the attached form (GW 7/15), which facts I ascertained through an examination which required skill in biology, anatomy and pathology.

The content of this affidavit to the best of my knowledge and belief is true and correct. I am aware that if this affidavit should be presented as evidence and contains something that I know to be false, or that I believe is untrue, I may be prosecuted.

I am fully cognisant with the contents of this affidavit.  
I have no objection to taking the prescribed oath.  
I consider the prescribed oath as binding on my conscience.

  
Dr. Ryan Blumenthal  
MBChB (Pret) MMed (Med Forens) Pret  
FCForP (S.A) Dip For Med (SA)  
MP0508136

DATE: 2012 -08- 29

NAME: DR R BLUMENTHAL  
OFFICIAL TITLE: SENIOR SPECIALIST

I certify that the deponent acknowledged that he is fully cognisant with this affidavit and he knows and understands the contents of this affidavit, signed and sworn before me at Pretoria on the undermentioned date.

DATE: \_\_\_\_\_  
PRETORIA

\_\_\_\_\_  
COMMISSIONER OF OATHS

FULL NAMES AND SURNAME: \_\_\_\_\_

TITLE / RANK: \_\_\_\_\_ PERSAL NUMBER: \_\_\_\_\_

ADDRESS: **PRETORIA MEDICO-LEGAL LABORATORY**  
10 Dr Savage Road, RIVIERA, 0084, Pretoria

REPUBLIC OF SOUTH AFRICA  
GAUTENG DEPARTMENT OF HEALTH

REPORT ON A MEDICO LEGAL POST MORTEM EXAMINATION

Death Register No. 0575/2012

000240

To the magistrate of: RUSTENBURG

I, RYAN BLUMENTHAL do hereby certify:

(i) that at THE MEDICO-LEGAL LABORATORY GARANKUWA (MLL) on the 22<sup>nd</sup> day of August 2012 commencing at 11h00am I examined the body of an adult black male; and

(ii) that this body was identified to me -

- (a) by TP Sekhuta of the MLL, Garankuwa, as being that of DR0575/2012; and
- (b) by SAPS 377 on 20/08/2012 as being that of MPHUMZENI NGXANDE whose reputed/estimated age was 38 years, and

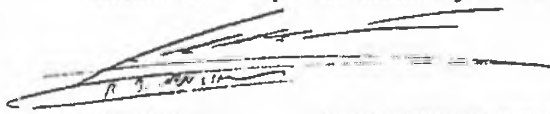
(iii) that death took place as informed on 16/08/2012 (the probable time of death was not determined due to refrigeration).

(iv) that the chief post mortem findings made by me on this body were the following: An adult black male with a penetrating gunshot wound through the chest. The gunshot entrance wound was located below the left nipple and a projectile was located lodged subcutaneously below the right nipple. The gunshot wound path travelled from left-to-right at a horizontal angle of trajectory through-and-through the bony sternal plate. High-velocity gunshot wound injury to the anterior aspect of the heart resulted in death. A perforating gunshot wound through-and-through the left thigh was also present.

(v) that as a result of my observations a schedule of which follows, I concluded that the cause of death was the following:

GUNSHOT CHEST

Dated at PRETORIA this 29 day of August 2012

Signature: 

Qualifications: MBChB(Pret) MMed(MedForens)(Pret) DipForMed(SA) FC For Path(SA)

Designation: SENIOR SPECIALIST / FORENSIC PATHOLOGIST

FORENSIC PATHOLOGY SERVICE: PRETORIA  
 OFFICIAL POSTAL ADDRESS: PRIVATE BAG X323, ARCADIA 0007 Tel: (012) 323 5298  
 re/ms

**SCHEDULE OF OBSERVATIONS:**

000741

**GENERAL:** An adult black male.

1. Height: 1,56m.  
Mass: 67,0kg.  
Physique: Muscular  
Nutrition: Good.

**2. Special identifying features:**

- The decedent has short shaven scalp hair.
- A circumferential beard and moustache are present.
- A 4,0cm x 2,0cm oval-shaped scar overlies the anterior aspect of the left thigh.
- No further special identifying features can be identified.

**3. Secondary post-mortem changes:**

- The body is in the advanced stages of autolysis and secondary flaccidity is present.

**4. External appearance of body and condition of limbs:**

(Please see attached Annexure A):

**4.1 General:**

- External examination shows an adult black male.
- At the outset of the examination the decedent was covered with small flecks of grass and sand.

**4.2 Clothing:**

- Black sneakers with black laces.
- Grey socks.
- Blue jeans (UTWO).
- A black-and-grey long-sleeve pullover top ('8').
- A single black plastic bracelet surrounds the right wrist.
- Two black plastic bracelets surround the left wrist.

**4.3 Gunshot entrance wound A:**

- This wound is located overlying the left pectoral region.
- The central aspect of this wound is located 8,0cm lateral-and-to-the-left of the anterior midline.
- The central aspect of this wound is located 17,0cm below the left clavicle.
- The central aspect of this wound is located 2,0cm inferior-and-medial from the left nipple.
- Examination shows a 1,0cm x 0,7cm punched-out wound defect.
- A directional collar of abrasion is present which points from left-to-right.
- Examination of the surrounding skin and outer clothing layer shows no powder burns, stippling or tattooing.
- This wound penetrates the fifth rib space on the anterior aspect of the left side of the sternum.
- Features are in keeping with that of a gunshot entrance wound to the region.

000242

**4.4 Projectile:**

- An area measuring 18,0cm x 12,0cm of subcutaneous contusion overlies the right lateral aspect of the thorax.
- Whole body x-rays show a 'lead storm' lying subcutaneously on the right lateral aspect of the thorax. The largest fragment of lead is located below the right nipple region which has been handed in as ballistic evidence (seal number FSB-1050954).
- This projectile penetrates the fifth rib space on the anterolateral aspect of the right side of the sternum.
- Features are in keeping with that of a (subcutaneous) shattered high-velocity projectile.

**4.5 Through-and-through gunshot wound B:**

- This wound is located on the lateral aspect of the left thigh.
- A perforating gunshot wound is located on the lateral aspect of the left thigh which travels from inferior-to-superior, from front-to-back and from right-to-left. The gunshot entrance wound and gunshot exit wound was spaced 8,0cm apart. No vital structures are injured in the course of this gunshot wound path. The gunshot entrance wound measures 1,0cm in diameter and the gunshot exit wound measures 2,0cm x 1,5cm in size.
- Examination of the surrounding skin and outer clothing layer shows no powder burns, stippling or tattooing.
- Features are in keeping with that of a high-velocity perforating gunshot wound through-and-through the left thigh.

**4.6 Other findings:**

- A 2,0cm x 1,0cm fresh laceration overlies the lateral aspect of the left eyebrow.
- A 1,0cm in diameter fresh abrasion overlies the left zygomatic region of the face.
- Multiple, fresh, traditional-healer marks are present overlying the jugular notch, both pectoral regions, both lower costal regions, both anterior superior iliac spine regions, both hip regions, both thigh regions, both elbow regions and both wrist regions.

**HEAD AND NECK**

**5. Scalp and skull:**

- Reflection of the scalp shows no abnormalities.
- Examination of the skull shows no fractures.

**6. Intracranial contents:**

- The brain is autolytic.

Brain mass: 1600g

**7. Orbital, nasal and aural cavities:**

- Not visualized.

**8. Mouth, tongue and pharynx:**

- No abnormalities can be detected.

**9. Neck structures:**

- No abnormalities can be detected.

*[Handwritten Signature]*  
 Dr. Ryan Blumenthal  
 M.D., Ph.D., M.Med. (Med. Forens. & Pret.)  
 F.C. For. Pa. (A. Inst. for Med. & SA)  
 MPO500136

## CHEST

000243

## 10. Thoracic cage and diaphragm:

- The gunshot entrance wound penetrates the fifth intercostal space on the anterolateral aspect of the left side of the thorax. The gunshot wound path travels from left-to-right at a horizontal angle of trajectory through-and-through the bony sternal plate creating a large gaping bony wound defect which measures 15.0cm x 4.0cm in size. The gunshot wound path exits on the fifth intercostal space on the anterolateral aspect of the right side of the bony thorax. Features are in keeping with that of a horizontally-orientated, left-to-right high-velocity gunshot wound through-and-through the anterior aspect of the sternum.
- The right thoracic cage contains 900,0ml of blood and the left thoracic cage contains 600,0ml of blood.
- The diaphragm is normal.

## 11. Mediastinum and oesophagus:

- No abnormalities can be detected.

## 12. Trachea and bronchi:

- No abnormalities can be detected.

## 13. Pleurae and lungs:

- Both lungs show signs of collapse atelectasis.

Lung mass: L: 400g R: 400g

## 14. Heart and pericardium:

- High-velocity gunshot wound injury to the anterior aspect of the heart is present. A large gaping lacerated wound defect is located on the anterior aspect of the right ventricle of the heart which measures 9,0cm x 6,0cm in size.
- A subtle subendocardial haemorrhage can be identified at the left ventricular outflow tract of the heart although autolysis complicates interpretation.

Heart mass: 350g.

## 15. Large blood vessels:

- Post-mortem haemolysis of red blood cells has stained the intima of the large arteries red.

## ABDOMEN

## 16. Peritoneal cavity:

- No abnormalities can be detected.

## 17. Stomach and contents:

- The stomach contains approximately 40,0ml of grey fluid.
- The gastric mucosa is autolytic.

## 18. Intestines and mesentery:

- Autolytic.

*[Handwritten Signature]*  
 Dr. Ryan Blumenthal  
 M.D., M.P.H., M.Med. (Med. Forens. Pathol.)  
 F.C.P.S. (Pathology) (F.R.C.P. (Med.))  
 117-118/136

000244

19. Liver, gall-bladder and biliary passages:

- The liver is autolytic

Liver mass: 1100g.

20. Pancreas:

- Autolytic.

Pancreatic mass: 70g

21. Spleen:

- The spleen is autolytic.

Spleen mass: 80g.

22. Adrenals:

- Autolytic.

23. Kidneys and ureters:

- Both kidneys are autolytic.

Kidney mass: L: 100g R: 100g.

24. Urinary bladder and urethra:

- The bladder is empty.
- The bladder mucosa is autolytic.

25. Pelvic walls:

- No abnormalities can be detected.

26. Genital organs:

- The penis appears uncircumcised.
- No abnormalities can be detected.

SPINE

27. Spinal column:

- No abnormalities can be detected.

28. Spinal cord:

- Not visualized.

SPECIMENS RETAINED:

000245

NATURE OF SPECIMENS	NATURE OF INVESTIGATION REQUIRED	DISPOSAL OF SPECIMENS
Blood - brachial vessels.	Ethanol.	Handed to Z Moloto for sealing with seal no. PMK047193/4
Stomach, bile and liver.	Toxicology.	Given to Z Moloto for sealing with seal no. TX032319
Buccal swab	DNA examination.	Given to Z Moloto for sealing with seal no. PA5000486906.
Projectile fragment.	Ballistic evidence.	Given to Z Moloto for sealing with seal no. FSB-1050954.
Cardiothoracic organs.	Occupational Diseases in Mines and Works Act (Act 78 of 1973).	National Institute for Occupational Health.

## ADDITIONAL OBSERVATIONS:

- DHA -1663 A07501086.
- Please see attached Annexure A.
- Whole body x-rays were performed.
- Lt-Col André Botha (Ballistics - Service number: 04301722), HP Kruger (Forensics Silverton - Service number 04257758) and Const IJ Sekete (LCRC Brits - Service number: 7184886) attended the post mortem examination and took the necessary photographs.

HISTOLOGICAL REPORT: None.

Full body, male, anterior and posterior views (ventral and dorsal)

000716

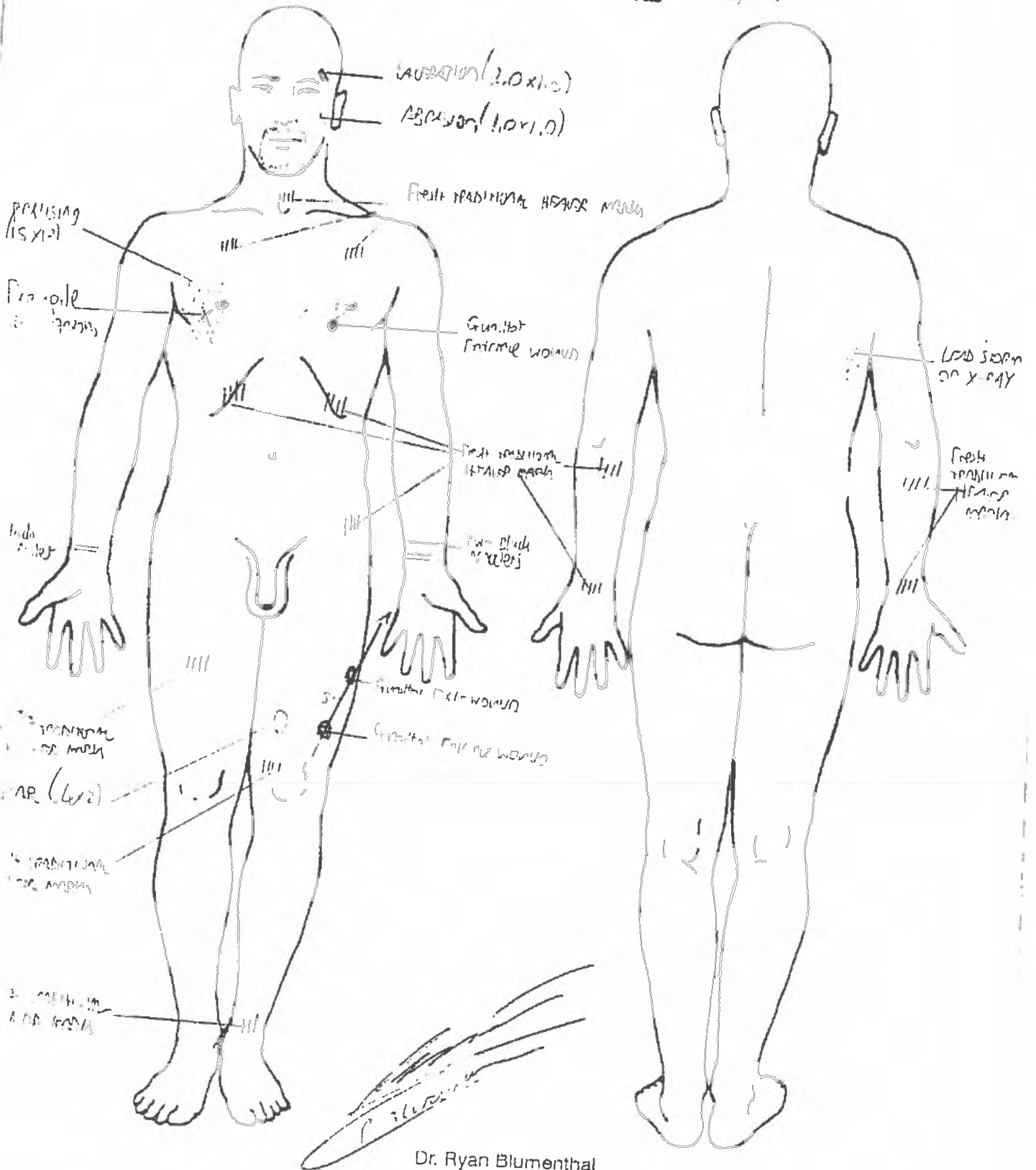
Name ANNEXURE A

Autopsy No. DR 575/2012

Age \_\_\_\_\_ Race B

Sex ♂

Date 20/10/22



Dr. Ryan Blumenthal  
 MBChB(Pret) MMed (Med Forens) FRC  
 FC For Path(SA) Dip For Med (SA)  
 MPO508136



