

000051

Employee Detail

Id number: 5510305762083 Find

Employee : 20043828 - Thelejane TJ (Thabiso Johannes)

Acting Occupation

General Personnel Vehicles Certificates Service history Parades Allowances

Employee	20043828
Surname	Thelejane
Initials	TJ
First name	Thabiso Johannes
Id number	[REDACTED]
Department	K41CFHL02D45A0
Occupation	Team Leader
Category	K4 Shaft
Contractor	<input checked="" type="checkbox"/>



- Access
- Pay history
- Post dates
- Additional
- Mining
- Biometrics

Acquire Print badge EIM Close



TEBA Limited
RSA Reg. No 1902/001680/06

Conditional Agreement of Service

Registration Date: 080052
2011/10/12

Surname: THELEJANE	Employer: FHL CONTRACTING (PTY) LTD	BHY
Other Names: THABISO JOHANNES	Site: WESTERN PLATINUM LIMITED	582
Gender: MALE	Industry No: 29275792	
Father's Name:	Office: TOM LONMIN CONTRACTORS	9215
Mother's Name:	Serial Number: 7828	Year: 2011
Spouse's Name: MAKOPANO AGNES THELEJANE	Company No:	
Chief / Headman:	Occupation:	
Country: SOUTH AFRICA	Passport No:	
District: MATATIELE	Passport Expiry Date:	
Language: SOTHO	Identity No: (Did not Pass verification)	
Religion: ROMAN CATHOLIC	Date of Birth: 1955/10/30	
Home Address: [REDACTED]	Marital Status: MARRIED	
Living out / Mine Accommodation: MARIKANA WEST SECTION	Dependents: 0	
MARIKANA	Education Std Attained: STANDARD 2 PASSED	
MARIK	Qualification:	
Emergency Contact: MAKOPANO AGNES THELEJANE	ABET Numeracy Qualification:	
Death Beneficiary: MAKOPANO AGNES THELEJANE	ABET Literacy Qualification:	
Beneficiary Relation: WIFE	Agreement Period (Weeks): 52	
Beneficiary Address: [REDACTED]	Agreement Expiry Date: 2012/10/10	
Beneficiary Contact: [REDACTED]	Experience: 111 - NOVICE	
Previous Agreement:	Industry Certificate No:	
Office:	Type of Employment: Underground	
Serial Number: Year: No. of Weeks on last agreement:	Employee's Signature or Mark	
Date of last discharge:		
Last Employer:		
Endorsements, Vaccinations etc.		
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 own database and, that held by the Department of Home Affairs.		
Capturer: MPHOKHABANE		
Date Printed: 2012/08/17 04:37:55 PM		

NOT AVAILABLE

566.

609

DR 566/1
NO = ON

20 = ON
DR 21/995 214



REPUBLIC OF SOUTH AFRICA
DEPARTMENT OF HOME AFFAIRS

83/BI - 1663
000054 Page 1

NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

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

Space for Bar Code
9999

• Must be completed in black ink (please tick where applicable) SERIAL No:
• Please refer to instructions
FILE No: DESEC/12 DATE: 2012 08 22 A0 7501068

A PARTICULARS OF DECEASED INDIVIDUAL STILLBORN CHILD
Identity number of deceased: [REDACTED] Date of death: [REDACTED]
Date of birth: 1955 10 30
Age at last birthday: 56 years
Surname: THELEJANE
Maiden Name (If female):
Sex: MALE
Forenames: TWABISO JOHANNES
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):
DATE OF REGISTRATION OF DEATH:

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] Dialling Code: [REDACTED]
Telephone No.: [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]

C PARTICULARS OF FUNERAL UNDERTAKER
Initials and Surname: [REDACTED]
D. No.: [REDACTED] Place of burial / cremation: [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] Postal address: [REDACTED]
Date Signed: [REDACTED] Signature: [REDACTED] SAMDC / SANC Reg. No.: [REDACTED]

D.2 CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST
I, the undersigned, hereby certify that a medicolegal post-mortem examination has been conducted on the body of the person whose particulars are given in Section A and that the body is no longer required for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and that the cause of death is:
Natural (Cause of Death as indicated in Section G) Unnatural Under investigation
Initials and Surname: KK HLAISE Postal address: 6543 KQOTLENG STR
Place of post-mortem: CARANKUWA Date: 2012 08 22 Postal Code: 0208
Mortuary reference: DE 566/2012 Date signed: 2012 08 22 SAMDC Reg. No.: 03650491
Signature: [REDACTED]

E FOR OFFICIAL USE ONLY
Registration of Death approved and Burial Order issued: [REDACTED] Office Stamp:
Postal address: [REDACTED] Force No./ Designation No.: [REDACTED]
Postal: [REDACTED] Peral No.: [REDACTED]





NOTIFICATION / REGISTER OF DEATH / STILLBIRTH 255

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

Space for Bar Code

• Must be completed in black ink (please tick where applicable) SERIAL No.
• Please refer to instructions
FILE No: DE 566/12 DATE: 2012 08 22 A0 7501068

A PARTICULARS OF DECEASED INDIVIDUAL STILLBORN CHILD

Identity number of deceased [REDACTED] Date of death [REDACTED] Date of birth 1958 10 20
 Surname THELEJANE Age at last birthday 56 years
 Maiden Name (If female) Sex MALE
 Forenames THAPISO JOHANNES If death occurred within 24 hours after birth number of hours alive

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

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

Left thumb print of deceased

ARTICULARS 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] Dialling 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] Telephone No. [REDACTED]

Left thumb print of informant

C PARTICULARS OF FUNERAL UNDERTAKER

Initials and Surname [REDACTED]
 Designation No. [REDACTED] Place of burial / cremation
 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] Postal address [REDACTED]
 Date Signed [REDACTED] Signature [REDACTED] Postal Code [REDACTED] SAMDC / SANC Reg. No. [REDACTED]

D.2 CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST

I, the undersigned, hereby certify that a medicolegal post-mortem examination has been conducted on the body of the person whose particulars are given in Section A and that the body is no longer required for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and that the cause of death is:
 Natural (Cause of Death as indicated in Section G) Unnatural Under investigation
 Initials and Surname KK HLAISE Postal address 6543 KLOTLENG STR
 Place of post-mortem CARANKUWA Date 2012 08 22 Postal Code 0208 0363049-
 Mortuary reference DE 566/2012 Date signed 2012 08 22 SAMDC Reg. No.
 Signature [REDACTED]

E FOR OFFICIAL USE ONLY

Registration of Death approved and Burial Order issued Initials and Surname or Registrar [REDACTED]
 Postal address [REDACTED] Force No./ Designation No. [REDACTED]
 Postal Code [REDACTED] Peral No. [REDACTED]
 Date [REDACTED] Signature [REDACTED]

Office Stamp

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

(After completion seal to ensure confidentiality)

Space for Bar Code
000056

• Must be completed in black ink (please tick where applicable)
• Please refer to instructions
FILE No. 02 566/12 DATE: 2012.08.22 A0 7501068 SERIAL No:

F DEMOGRAPHIC DETAILS

Initials and Surname of deceased

Identity number

PLACE OF DEATH
1. Hospital: (Inpatient ER / Outpatient DOA)
2. Nursing Home 3. 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
Town / City
Province / Country
Postal Code
Magisterial district
Census enumerator area

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

None	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
------	-----	-----	-----	-----	-----	-----	-----	---------------	---------------	------------------------	------------------------	------------------------	--------------	------

USUAL OCCUPATION OF DECEASED
(give type of work done during most of working life. Do not use "retired". Refer to instructions.)

TYPE OF BUSINESS / INDUSTRY (e.g. Mining, Farming etc.)

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

G MEDICAL CERTIFICATE OF CAUSE OF DEATH

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

Approximate interval between onset and Death (Days / Months / Years)

FOR OFFICE USE ONLY
ICD-10

IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) PERFORATING GUNSHOT WOUND OF UNKNOWN THE HEAD
Due to (or a consequence of) WOUND OF THE HEAD
Sequentially list conditions, if any, leading to immediate cause.
Enter UNDERLYING CAUSE last (Disease or injury that initiated events resulting in death)
(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 a female, was she pregnant 42 days prior to death? () Yes No

If stillborn, please write mass in grams

Do you consider the deceased to be: African White Indian Coloured Other (Specify) _____

Method of ascertainment of cause of death:
1. 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
6. Other (Specify) _____

* 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)

000257

Space for Bar Code

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

• Please refer to instructions

FILE No. CC 56/12 DATE: 2012 08 22 **A07501068**

F DEMOGRAPHIC DETAILS

Initials and Surname of deceased

Identity number

PLACE OF DEATH 1. Hospital: (Inpatient ER / Outpatient DOA) 2. Nursing Home 3. 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
No. of Plot, Farm, etc.
Sub- / Village
/ City
Province / Country
Postal Code
Magisterial district
Census enumerator area

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

None	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
------	-----	-----	-----	-----	-----	-----	-----	------------------	------------------	---------------------------	---------------------------	---------------------------	--------------	------

USUAL OCCUPATION OF DECEASED (give type of work done during most of working life. Do not use "retired".) TYPE OF BUSINESS / INDUSTRY (e.g. Mining, Farming etc.) (Refer to instructions.)

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

G MEDICAL CERTIFICATE OF CAUSE OF DEATH

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

Approximate interval between onset and Death (Days / Months / Years)

FOR OFFICE USE ONLY ICD-10

IMMEDIATE CAUSE (Final disease or condition resulting in death)

(a) PERFORATING GUNSHOT WOUND OF UNKNOWN

Due to (or a consequence of)

Sequentially list conditions, if any, leading to immediate cause.

(b) THE HEAD

Due to (or a consequence of)

Enter UNDERLYING CAUSE last (Disease or injury that initiated events resulting in death)

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

If stillborn, please write mass in grams

Do you consider the deceased to be: African White Indian Coloured Other (Specify) _____

Method of ascertainment of cause of death:

1. 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

6. Other (Specify) _____



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

000258

1/2

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

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

Merk toepaslike blok met X / Mark applicable square with X

ID Nr :
ID No :

Wit White	<input checked="" type="checkbox"/> Swart Black	Bruin Brown	Asiër Asian	<input checked="" type="checkbox"/> Manlik Male	Vroulik Female
--------------	--	----------------	----------------	--	-------------------

In lewe bekend as (volle name)
Known as (full names)

Ouderdom Huwelikstatus Land gebore
Age Marital status Land born

BESONDERHEDE VAN STERFGEVAL / PARTICULARS OF DEATH

Datum en tyd van dood 2022/08/16 Plek van dood Wonderskop
Date and time of death Place of death

Merk toepaslike blok met X / Mark applicable square with X

Motorbotsing Motor accident	Bestuurder Driver	Passasier Passenger	Voetganger Pedestrian	Fietsryer Cyclist	Motorfietsryer Motorcyclist
--------------------------------	----------------------	------------------------	--------------------------	----------------------	--------------------------------

Selfmoord Suicide	Vuurwapen Fire-arm	Opgehang Hanging	Pille Pills	Vergas Gassed	Van gebou afgespring Jumped from building	Ander Other
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Ander Other	Van gebou geval Fell from building	Met vuurwapen gedood Killed with fire-arm	Met mes/voorwerp gesteek Stabbed with knife/object	Vergiftig Poisoned
----------------	---------------------------------------	--	---	-----------------------

Sterf onder narkose Died under anaesthetic	Skielike dood sonder mediese geskiedenis Sudden death without medical history	Sterf in aanhouding Died in custody
---	--	--

Volledige geskiedenis
Full history

DEPARTMENT OF HEALTH

FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: AR566/12

000259

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

I, E MADURÉLA 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): ALC

From FO MUSA KAYE

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 3828/12

The ALC was sealed with the official seal no Link 070583

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

Place: FPS Ga-Rankuwa

[Signature] S-F.O.

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

Place: Ga-Rankuwa FPS

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

NAME : MARLOW ZACHARIAH MOLOTS
 ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA
 RANK : CHIEF FORENSIC OFFICER

DEPARTMENT OF HEALTH

FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: 1211/11

000030

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

I, E. 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): ABC

From DR

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

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

REF

The ABC was sealed with the official seal no 1211-11-13

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

Place: FPS Ga-Rankuwa

[Signature] S-F.O.

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

Place: Ga-Rankuwa, FPS

Date: 2012/08/13 [Signature] C.F.O

NAME : MARLOW ZACHARIA MISOLO

ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA

RANK : CHIEF FORENSIC OFFICER

DEPARTMENT OF HEALTH

FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: AR 566/12

000081

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

I, B. MAALUPELA 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): TOXICOLOGY

From F.O. MOKAKANE

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: TX 2544/12 - TX 2549/12

The TX was sealed with the official seal no TX 012624

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

Place: FPS Ga-Rankuwa

[Signature] S-F.O.

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

Place: Ga-Rankuwa FPS

Date: 2012/09/10 [Signature] M2MOLAZA C.F.O

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

DEPARTMENT OF HEALTH

FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: DR 566/112

000002

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

I, E. MASHALE 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): TOXICOLOGY

From F.O. MASHALE
DR

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

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

REF: TX 2544/12 - TX 2547/12

The TOX was sealed with the official seal no TX 1012.624

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: 2017/09/10
[Signature] MASHALE
C.F.O

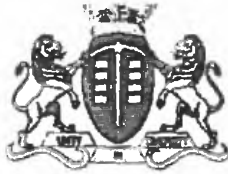
NAME : MAYLOU ZACHARIA MASHALE
 ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA
 RANK : CHIEF FORENSIC OFFICER

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

Mortuary Reference (OR PM or WC) PHOKENG 566/12	Priority Status: Urgent Routine <input checked="" type="checkbox"/>				
Case number 133 / 137/8/12	If URGENT , please provide reason				
SAPS station MARIKANA					
Date of specimen collection	2012-08-22				
Time of specimen collection					
Date of death	2012-08				
Was the deceased hospitalized before his/her death? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If YES , please indicate the following: Length of hospitalization:					
Were toxicological analysis performed On blood in hospital? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>					
If YES , please list results:					
Were any drugs administered during admission in hospital? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>					
If YES , please list drugs:					
Clinical History	Age	Race	Sex	Male	Female
Circumstance of death:	Suicide	Homicide	MVA	Unknown	Other
Please provide relevant facts in the history					
Relevant <u>post mortem observations</u> by the pathologist (e.g. tablet pieces in stomach, needle puncture marks on arm, where specimens were sampled from, etc)					

27 AUG 2012
 DEP. OF JUSTICE
 SOUTH AFRICA





Forensic Pathology Service: GA-RANKUWA: POST-MORTEM NO: DR PHOKENG 566/12

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 Bullet(s) from FO B.MOGAKANE

1. Two different bottles with Official seal no (FSB1050997)

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

On 2012 08, 22 I handed the above bullet(s) to SAPS Photographer

No 784464-3 Rank CS1 Name M.Z. Moloto

M. Z. Moloto
7184464-3
SIGNATURE OF P/OFFICER

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

M. Z. Moloto
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: 2012/08/28

L. Menzelwa Mahlangu
(Signature)

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



Forensic Pathology Service: GA-RANKUWA: POST-MORTEM NO: DR PHOKENG 566/12

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 INVESTIGATIVE

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 2007 30 I handed the above specimen(s) to the investigating officer
No 70644310 Rank P/Investigative Name Everett Motswag

[Handwritten signature]

SIGNATURE OF I/O

The Dna was sealed with the official seal no (PA 5000486914)⁵

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

2012/08/22

[Handwritten signature]
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 30 /

[Handwritten signature]

(Signature)

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

A578

DEATH REGISTER NO. PHOKENG 567/2012

G.P.-S

REPUBLIC OF SOUTH AFRICA

GW 7/15

MEDICO LEGAL POST-MORTEM REPORT

000066

AND

AFFIDAVIT IN TERMS OF SECTION 212(4), ACT 51 OF 1977, AS AMENDED

I, KEVEN KHAZAMULA HLAISE, (MBChB, DTM&H, Cert.Med & Law, Dip.For Med, FC For.Path. Dept. of Forensic Medicine, Box 127, MEDUNSA, 0204. Tel No.: (012) 7009247, Fax No.: (012) 5600161).

state under oath:

I am in the service of the Government as a Head of Clinical Unit (Medical) at Ga-Rankuwa FPS and Acting HOD/Snr. Lecturer in the Department of Forensic Pathology at the University of Limpopo (MEDUNSA Campus).

1. At the Ga-rankuwa Medico-legal Laboratory (Mortuary), on August 21, 2012 commencing at 14h00, I examined the body of a **BLACK ADULT MALE** marked PHOKENG 567/2012. I recorded my findings which facts I ascertained by means of an examination requiring skill in biology, anatomy and pathology.
2. The body marked PHOKENG 567/2012 was identified to me by Mr 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; time of death was unavailable.
4. The chief post-mortem findings made by me on the body were:
 1. *A single penetrating bullet wound of pelvis perforated the pelvic cavity and lacerated the right internal iliac artery and rectum, fractured the L5 lumbar vertebra, sacrum and both pelvic bones, and terminated in the muscles of lateral aspect of left hip where a bullet was found. The bullet wound and spent bullet were consistent with high velocity firearm. No autopsy signs of range of fire were identified although decomposition changes were present.*
 2. *Approximately 1 litre of free blood in the peritoneum.*
 3. *Early decomposition.*
 4. *No other significant forms of injury other than the gunshot wound.*
 5. *No scarification marks on the body.*
 6. *Relevant evidence collected is detailed at 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 PENETRATING GUNSHOT WOUND OF PELVIS PERFORATING THE PELVIC CAVITY.

1 *Keven Hlaise*

HEAD AND NECK

5. **Head:** Scalp shows no subscalp haematomas. Skull and mandible are intact and unremarkable.
6. **Brain:** *Brain shows early decomposition with blue-green discoloration and softening present, but is intact.* There is no epidural, subdural or subarachnoid haemorrhage. The blood vessels at the base of the brain are normal with no dilatations or aneurysms present. No contusions of the brain are present. No herniation of the brain is present. Serial coronal sections of the brain with 1cm thickness show no old or recent pathological changes. The cerebellum and brain stem are unremarkable.
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:** The ribs and sternum are intact. The diaphragm is intact. There is no free blood in the chest cavity.
11. **Mediastinum and oesophagus:** Oesophagus is intact and shows no macropathology. Mediastinum is unremarkable.
12. **Trachea and bronchi:** Are intact and show no macropathology.
13. **Pleurae and lungs:** *Lungs are intact but show early decomposition with blackish colour changes present.*
14. **Heart and pericardium:** *The heart is intact but shows early decomposition with colour changes present.* The atria and the right ventricles show no evidence of recent or old ischaemic changes. The heart valves are unremarkable. 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.
15. **Large blood vessels:** *There is a bullet transecting perforation of right internal iliac artery and associated surrounding structures with extensive surrounding haemorrhage – see also paragraphs 4, 15, 16, 18 and 25.*

ABDOMEN

16. **Peritoneal cavity:** *There is approximately 1 litre of free blood in the peritoneum which was 700 ml in the measuring jug. See also paragraphs 4, 15, 16, 18 and 25.*
17. **Stomach and contents:** There is partially digested food in stomach but stomach is intact.

[Handwritten signature]

18. **Intestines and mesentery:** *There is a bullet perforation of rectum with surrounding haemorrhage. See also paragraphs 4, 15, 16, and 25.*
19. **Liver, gall-bladder and biliary passages:** The liver shows early decomposition with color changes and softening, but was intact.
20. **Pancreas:** *Shows autolysis.*
21. **Spleen:** *Autolytic but intact.*
22. **Adrenals:** See paragraph 3.
23. **Kidneys and ureters:** *Both kidneys show early decomposition with color changes and softening but intact.*
24. **Urinary bladder and urethra:** *There is extensive hemorrhage around soft tissues of bladder but bladder appears intact. See also paragraphs 4, 15, 16, and 25. There is no urine in the bladder.*
25. **Pelvic walls:** *There is a gaping bullet perforation through lateral wall of right pelvic bone with inverted bone fragments associated with surrounding soft tissue hemorrhage. There is a bullet perforation of posterior wall of left pelvic bone with extensive bone fragmentation and soft tissue hemorrhages. See also paragraphs 4, 15, and 16.*
26. **Genital organs:** Normal male genitalia.

SPINE

27. **Spinal column:** *There is a large furrowed bullet perforation of L5 lumbar vertebra and upper part of sacrum with extensive bone shattering and extensive bone fragmentation associated with extensive surrounding soft tissue hemorrhages. See also paragraphs 4, 15, 16, and 25.*
28. **Spinal cord:** See paragraph 27.

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 PMK070597 was cut. Both the tube and the container were marked PHOKENG 567/2012. After placing the bottle into the polystyrene container, the container was resealed with a new piece of string and a metal seal no PMK070598 and handed to Forensic Officer B Mogakane of Garankuwa FPS.
- **TOXICOLOGY:** The stomach contents and blood were placed in a plastic box marked PHOKENG 567/2012 and sealed with seal no. TX000140. 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 number PA5000486901 and handed to Forensic Officer B Mogakane, Garankuwa FPS.
- The thoracic block organs (i.e. heart and lung together with upper airways structures) were taken and placed in a NIOH plastic container with Formalin and container was labeled PHOKENG 567/2012 (original label 32 of 46).

EXHIBITS TAKEN FOR FURTHER BALLISTIC ASSESSMENT

- A spent bullet was placed in a plastic container which was labeled and sealed in a SAPS evidence bag with seal no PA60007756505 and this was handed to Forensic Officer B Mogakane of Garankuwa FPS.

ASSISTANTS AT THIS AUTOPSY:

- Dr Marna du Plessis, a Forensic Registrar at Garankuwa FPS, scribed at this autopsy and helped with the collection of evidence.
- Dissectors – FO S Shisana of Garankuwa, FPS and FO D Makabe of 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 AT THIS AUTOPSY EXAMINATION:

- Lt L W Visser of Silverton SAPS Ballistics.
- AO E Coetzee – Silverton SAPS Ballistics.
- Const Sekete – SAPS LCRC at Brits
- W/O G C Van Eeden – Forensic Science Laboratory.
- Lt T A Manama – SAPS LCRC at Brits.

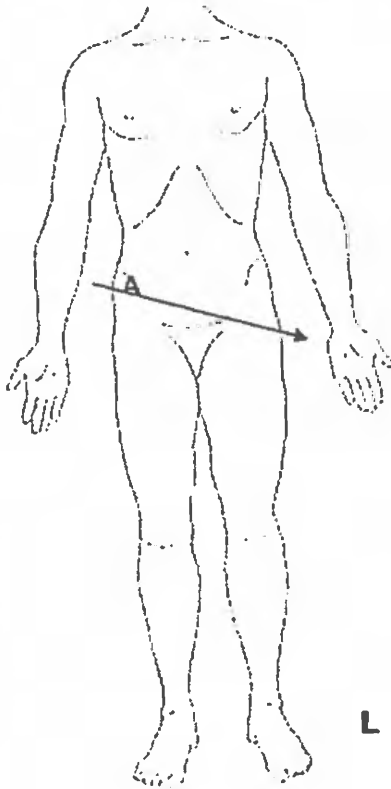
ADDITIONAL OBSERVATIONS

- BI 1663 form number A07501025 signed.
- Thoracic organs were taken NIOH.

Mogakane

DIAGRAM

Diagram depicting bullet wound described in paragraph 4.



Arrow indicates direction of the bullet

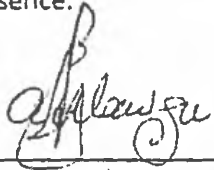
The content of this declaration is true to the best of my knowledge and belief. I am aware that should it be submitted as evidence and I know that something appears therein which I know to be false or believe not to be true, I could be liable to prosecution.

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

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

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

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



COMMISSIONER OF OATHS

Full Name (in BLOCK letters): L. M. MATHANICE
Business Address (In BLOCK Letters): 6543 KEO-LINE STR.
ZONE 5
GR. RANKUWA

Designation (Rank): A.D.

ANBLE MADZENI

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEGISTREERDE WOON- EN POSADRES in hierdie sakkie.

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

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

1. Keep the proof of your REGISTERED RESIDENTIAL AND POSTAL ADDRESS in this pocket.

2. If you have changed your address, or, if particulars of your present address, e.g. name of street and/or street number, etc. have been changed, the NOTICE OF CHANGE OF ADDRESS form in the pocket at the back of the identity document must be used to report the change and it must be handed in at or posted to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS.

I.D.No. [REDACTED]

S.A. BURGER/S.A. CITIZEN

VAN/SURNAME
MDIZENI

VOORNAME/FORENAMES
DUMISANI

GEBORTEDISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH
SOUTH AFRICA

GEBORTE DATUM/
DATE OF BIRTH

1981-02-04

DATUM UITGEREIK
DATE ISSUED

2005-11-23



UITGEREIK OP BEGAAG VAN DIE
DIREKTEUR-GENERAAL
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL
HOME AFFAIRS

GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEGISTREERDE WOON- EN POSADRES in hierdie sakkie.

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

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I.D.No. [REDACTED]

S.A. BURGER/S.A. CITIZEN

VAN/SURNAME
MDIZENI

VOORNAME/FORENAMES
ANELE

GEBORTEDISTRIK OF LAND/
DISTRICT OR COUNTRY OF BIRTH
SOUTH AFRICA

GEBORTE DATUM/
DATE OF BIRTH

1983-02-06

DATUM UITGEREIK
DATE ISSUED

2002-12-11



UITGEREIK OP BEGAAG VAN DIE
DIREKTEUR-GENERAAL
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE
DIRECTOR-GENERAL
HOME AFFAIRS

MS 67/12



SOUTH AFRICAN POLICE SERVICE

IDENTIFICATION OF BODY

*Station/Government Mortuary Phokeng *CAS/CR/Serial No. DRS67/2

In printing Dumisani Mdizeni

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

*male/female residing at Wkaneng - [redacted]

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

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

as being that of Anele Mdizeni

Particulars of deceased:

1. Identity number [redacted] 2. Date of birth 1983-02-06

3. Residential address Skoonplaas - [redacted]

4. Employed at Lonmin - koree Mine

5. Relationship to deponent Brother 6. Marital status Married

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

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

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

- 1. I know and understand the contents of this declaration.
- 2. I have objection/no objection to taking the prescribed oath.
- 3. I consider the prescribed oath to be binding/not binding on my conscience.

[Signature]
Signature/thumb print/mark

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

[Signature]
(Signature) Commissioner of Oaths

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

Designation (rank) a/c South African Police Service

*Delete and initial words not applicable.





TEBA Limited
RSA Reg. No 1902/001680/06

Conditional Agreement of Service

Registration Date: 2011/07/29

Surname: MDIZENI	Employer: KAREE MINE 596
Other Names: ANELE	Site: KAREE MINE 596
Gender: MALE	Industry No: 20764338
Father's Name: WANDILE MDIZENI	Office: MTHATHA 3909
Mother's Name: NOTJHOVILE MDIZENI	Serial Number: 1644 Year: 2011
Spouse's Name: UNATHI NDOYISILE	Company No: 5500082
Chief / Headman: BANGILE	Occupation:
Country: SOUTH AFRICA	Passport No:
District: ELLIOTDALE	Passport Expiry Date:
Language: XHOSA	Identity No: (Did not Pass verification)
Religion: AGNOSTIC	Date of Birth: 1983/02/06
Home Address: [REDACTED]	Marital Status: SINGLE
Emergency Contact: [REDACTED]	Dependents: 1
Death Beneficiary: UNATHI NDOYISILE	Education Std Attained: STD 8 / GRADE 8 PASSED
Beneficiary Relation: WIFE	Qualification:
Beneficiary Address: [REDACTED]	ABET Numeracy Qualification:
Beneficiary Contact: [REDACTED]	ABET Literacy Qualification:
Previous Agreement: TOM KAREE 0596	Agreement Period (Weeks): 52
Serial Number: 106 Year: 2010 No. of Weeks on last agreement: 52	Agreement Expiry Date: 2012/07/27
Date of last discharge: 2011/06/27	Experience: 458 - EX LEAVE
Last Employer: WESTERN PLATINUM LIMITED 582	Industry Certificate No: GEN59589
Endorsements, Vaccinations etc. GEN NO 22095/11	Type of Employment: Underground
Employee's Signature or Mark	
NOT AVAILABLE	
567.	
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 own database and, that held by the Department of Home Affairs.	
Capturer: Alton Jozana	
Date Printed: 2012/08/17 05:16:23 PM	

20-02
2/1/95
2567/12

NO 1103
2/1/95
2567/12



DEATH REPORT INVOICE

DEATH REPORT AND INVOICE NUMBER: C596/53/2012

MINE: KAREE MINE Code: 596

INDUSTRY Number : Z0764338	DATE OF REPORT: 2012/08/17
DECEASED'S PARTICULARS	
FIRST NAME: ANELE	DATE OF DEATH : 2012/08/16
SURNAME : MDIZENI	CAUSE OF DEATH: UNNATURAL CAUSES
ID/PASSPORT NO: [REDACTED]	PLACE OF DEATH: WONDERKOP
COV. NO : 5500082	MINE ACCIDENT? N/A
SERIAL : 1644/3909	REPORTED BY: JONES MARUPING
OFFICE : ELLIOTDALE	REPORTED TO: TRACY COETZEE

DEPENDANT / BENEFICIARY	
NAME : UNATHI	ADDRESS : [REDACTED] [REDACTED] [REDACTED]
SURNAME : NDOYISILE	
KINSHIP: WIFE	
NAME OF TRUSTEE:	

NO FUNERAL ADVANCE AUTHORISED	
PAY TO : NO PAYMENT AUTHORISED	Amount : 0.00

PAYMENT AUTHORISED BY:

COMMENTS:

FOR TEBA USE ONLY

CASH AND BANK PARTICULARS

THE FOLLOWING TO BE REFLECTED ON CASH AND BANK

ACCOUNT NO. 77162/0050

TRANSACTION DESCRIPTION: C596-53-2012

PAYMENT EXPIRY DATE: 30 DAYS

SIGNATURE _____ OR	L.T.P
WITNESS _____	

NB. : URGENT REPLY BY RURAL OFFICE:
Please supply the following information by return e-mail / fax within 24 Hours of receipt of this e-mail / fax:

Date reported to Family: Time:

To whom reported: To whom reported (Name & Designation):



TEBA Limited
RSA Reg. No 1902/001680/06

000076

Conditional Agreement of Service

Registration Date: 2011/07/29

Surname: MDIZENI	Employer: KAREE MINE 596
Other Names: ANELE	Site: KAREE MINE 596
Gender: MALE	Industry No: Z0764338
Father's Name: WANDILE MDIZENI	Office: MTHATHA 3909
Mother's Name: NOTJHOVILE MDIZENI	Serial Number: 1644 Year: 2011
Spouse's Name: UNATHI NDOYISILE	Company No: 5500082
Chief / Headman: BANGILE	Occupation:
Country: SOUTH AFRICA	Passport No.
District: ELLIOTDALE	Passport Expiry Date:
Language: XHOSA	Identity No: (Did not Pass validation)
Religion: AGNOSTIC	Date of Birth: 1983/02/06
Home Address: [REDACTED]	Marital Status: SINGLE
Living out / Mine Accommodation: [REDACTED]	Dependents: 1
Emergency Contact: SELOKONG SECTION WONDERKOP BRITS NOTJHOVILE MDIZENI	Education Std Attained: STD 8 GRADE 8 PASSED
Death Beneficiary: UNATHI NDOYISILE	Qualification: ABET Numeracy Qualification
Beneficiary Relation: WIFE	ABET Literacy Qualification
Beneficiary Address: [REDACTED]	Agreement Period (Weeks): 52
Beneficiary Contact: [REDACTED]	Agreement Expiry Date: 2012/07/27
Office: TOM KAREE 0596	Experience: 458 - EX LEAVE
Serial Number: 106 Year: 2010	Industry Certificate No: GEN59589
No. of Weeks of last agreement: 52	Type of Employment: Underground
Date of last discharge: 2011/06/27	Employee's Signature or Mark
Last Employer: WESTERN PLATINUM LIMITED 582	NOT AVAILABLE
Endorsements, Vaccinations etc. GEN NO 22D95/11	
<p>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.</p> <p>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 own database and, that held by the Department of Home Affairs.</p>	
Capturer: Alton Jozana	567.
Date Printed: 2012/08/17 05:16:23 PM	



000077

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

1/2

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

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

Merk toepaslike blok met X / Mark applicable square with X

ID Nr :
ID No :

Wit White	Swart Black	Bruin Brown	Asiër Asian	Manlik Male	Vroulik Female
--------------	----------------------------	----------------	----------------	----------------------------	-------------------

In lewe bekend as (volle name)
Known as (full names)

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

BESONDERHEDE VAN STERFGEVAL / PARTICULARS OF DEATH

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

Merk toepaslike blok met X / Mark applicable square with X

Motorbotsing Motor accident	Bestuurder Driver	Passasier Passenger	Voetganger Pedestrian	Fietsryer Cyclist	Motorfietsryer Motorcyclist
--------------------------------	----------------------	------------------------	--------------------------	----------------------	--------------------------------

Selfmoord Suicide	Vuurwapen Fire-arm	Opgehang Hanging	Pille Pills	Vergas Gassed	Van gebou afgespring Jumped from building	Ander Other
----------------------	-----------------------	---------------------	----------------	------------------	--	----------------

Ander Other	Van gebou geval Fell from building	Met vuurwapen gedood Killed with fire-arm	Met mes/voorwerp gesteek Stabbed with knife/object	Vergiftig Poisoned
----------------	---------------------------------------	--	---	-----------------------

Sterf onder narkose
Died under anaesthetic

Skielike dood sonder mediese
geskiedenis
Sudden death without medical
history

Sterf in aanhouding
Died in custody

Volladige geskiedenis
Full history..... *Gundorf*

000078



SOUTH AFRICAN POLICE SERVICE

Body number 567/12 /

AUTHORITY TO HAND OVER BODY AND ACKNOWLEDGEMENT OF RECEIPT

To: The Commander
Government Mortuary

Phokeng

**PART A
AUTHORITY TO HAND OVER BODY**

You are hereby authorised to hand over the body of Anele Mdizeni

to

of

Place Phokeng

[Signature]
(Signature of next of kin or other authorised person)

Date 2012-0

Address

(Tel. No. 073 625 709 : ..)

**PART B
ACKNOWLEDGEMENT OF RECEIPT**

I certify having received the body of

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

Place

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

Date

Address

(Tel. No.)

Employee Detail


Employee number: 05500082 Find

Employee : 05500082 - Mdizeni A (Anele)

Acting Occupation

General Personnel Vehicles Certificates Service history Parades Allowances

Employee	05500082
Surname	Mdizeni
Initials	A
First name	Anele
Id number	[REDACTED]
Department	4B4400200R54A0
Occupation	General Engineering
Category	4B Shaft
Contractor	<input type="checkbox"/>



Access
Pay history
Post dates
Additional
Mining
Biometrics

Acquire Print badge Edit Close



NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

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

21/08/2012

Space for Bar Code



9999

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

FILE No: SB7112 DATE: 21/08/12 A07501025

Date of birth

1983 02 06

Age at last birthday

Sex male

If death occurred within 24 hours after birth number of hours alive

A PARTICULARS OF DECEASED INDIVIDUAL / STILLBORN CHILD

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

Surname: Mdizewi

Maiden Name (if female):

Forenames: Anele

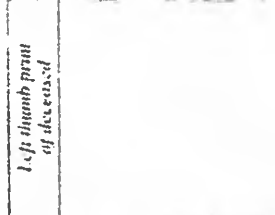
MARITAL STATUS OF DECEASED: Single Civil Marriage Living as married Widowed
Religious Law Marriage Divorced Customary Marriage

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

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

PLACE REGISTRATION OF DEATH:

CITIZENSHIP OF DECEASED: South Africa



B PARTICULARS OF INFORMANT

Identity number: [Redacted]

Initials and Surname: D Mdizewi

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

Postal address: [Redacted] Postal Code:

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

Date: 2012 08 20 Signature: [Signature]



Building Code: 073

Telephone No: 6215 709

C PARTICULARS OF FUNERAL UNDERTAKER

Initials and Surname:

Designation No. / Place of burial / cremation:

Date: / Signature:

Office Stamp of Funeral Undertaker:

D.1 CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE

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

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

Initials and Surname:

Date Signed: / Signature:

Postal address:

[Redacted]

Postal Code:

SAMDC / SANC Reg. No:

D.2 CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST

I, the undersigned, hereby certify that a medico-legal post-mortem examination was conducted on the body of the person who is mentioned in Section A, and that death is no longer a criminal offence in terms of the Homicide Act, 1959 (Act No. 51 of 1959) and that the cause of death is:

Natural causes (Section G) Unnatural Under investigation

Initials and Surname: AK HLAISE

Place of post-mortem: Mookeng Date: 2012 08 21

Mortuary reference: DR567/12 Date signed: 2012 08 21

Postal address: PO BOX 127

medunsa

Postal Code:

0363049

SAMDC Reg. No

Signature: [Signature]

E FOR OFFICIAL USE ONLY

Registration of Death approved and Burial Order Issued

Initials and Surname of Registrar:

Office Stamp

Postal address: / Force No. / Designation No.



NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

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

Space for Bio Code

81

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

• Please refer to instructions

FILE No: 367/12 DATE: 21/08/2012 A07501225

A PARTICULARS OF DECEASED INDIVIDUAL <input type="checkbox"/> / STILLBORN CHILD <input type="checkbox"/>		Date of birth
Identity number of deceased	[REDACTED]	[REDACTED]
Surname	M. D. B. N. S.	Age at last birthday
Maiden Name (if female)		Sex
Forenames	Chene	If death occurred within 24 hours after birth number of hours alive
MARITAL STATUS OF DECEASED Single <input type="checkbox"/> Civil Marriage <input checked="" type="checkbox"/> Living as married <input type="checkbox"/> Widowed <input type="checkbox"/> Religious Law Marriage <input type="checkbox"/> Divorced <input type="checkbox"/> Customary Marriage <input type="checkbox"/>		Left thumb print of deceased
PLACE OF BIRTH (Municipal district or country if abroad): E.A.		
PLACE OF DEATH (City / Town / Village): Johannesburg		
PLACE REGISTRATION OF DEATH: Johannesburg		
CITIZENSHIP OF DECEASED: South African		
B PARTICULARS OF INFORMANT		
Identity number	[REDACTED]	
Initials and Surname	M. D. B. N. S.	Left thumb print of informant
Relationship to deceased	Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other kin <input checked="" type="checkbox"/> Other (specify)	
Postal address	[REDACTED]	Dialling Code
Was the next of kin of the deceased a smoker during the past five years? Yes <input type="checkbox"/> No <input type="checkbox"/> Refuse to answer <input type="checkbox"/>		Telephone No
Date	2012/08/20	Signature
C PARTICULARS OF FUNERAL UNDERTAKER		
Initials and Surname	[REDACTED]	Office Stamp of Funeral Undertaker
Designation No.	[REDACTED]	
Date	[REDACTED]	
D.1 CERTIFICATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE		
I, the undersigned, hereby certify that the deceased named in Section A, to the best of my knowledge and belief, died solely and exclusively due to NATURAL CAUSES, specified in Section G. <input type="checkbox"/>		Postal address
I, the undersigned, am not in the position to certify that the deceased died exclusively due to natural causes. <input type="checkbox"/>		Postal Code
Initials and Surname	[REDACTED]	SAMDC / SANCO Reg No.
Date Signed	[REDACTED]	Signature
D.2 CERTIFICATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST		
I, the undersigned, hereby certify that a medical 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:		Postal address
Natural Cause of Death (as indicated in Section G) <input type="checkbox"/> Unnatural <input checked="" type="checkbox"/> Under investigation <input type="checkbox"/>		Postal Code
Initials and Surname	R. H. D. A. I. S. E.	SAMDC Reg No.
Place of post-mortem	Mohale's	Date
Mortuary reference	DR 367/12	Date signed
		Signature
E FOR OFFICIAL USE ONLY		
Registration of Death approved and Burial Order issued		Initials and Surname of Registrar
Postal address	[REDACTED]	Force No / Designation No.
		Personal No.

DEATH / STILLBIRTH
INFORMATION FOR MEDICAL AND HEALTH USE ONLY

(After completion *seal* to ensure confidentiality)

00002
 Space for Bar Code

• Must be completed in black ink (please tick where applicable) **SERIAL NO:**
 • Please refer to instructions
FILE NO: 567/2012 **DATE:** 21/08/2012 **AQ:** 7501025

F DEMOGRAPHIC DETAILS

Initials and Surname of deceased: AMJibekwi

Identity number: [REDACTED]

PLACE OF DEATH: 1 Hospital: (Inpatient ER / Outpatient DOA) 2 Nursing Home 3. 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: [REDACTED]

Name of Plot, Farm, etc.:

Suburb / Village: [REDACTED]

Town / City:

Province / Country: North West

Postal Code: 0200

Magisterial district: Rustenburg

Census enumerator area:

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

None	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
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USUAL OCCUPATION OF DECEASED (give type of work done during most of working life. Do not use "retired")

TYPE OF BUSINESS / INDUSTRY (e.g. Mining, Farming etc.) Refer to instructions.
Mining

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

G MEDICAL CERTIFICATE OF CAUSE OF DEATH

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

Approximate interval between onset and Death (Days / Months / Years)

IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) Gunshot wound Pelvis.

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

If stillborn, please write mass in grams

Do you consider the deceased to be: African White Indian Coloured Other (Specify)

Method of ascertainment of cause of death:

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

FOR USE IC

INFORMATION FOR MEDICAL AND HEALTH USE ONLY

(After completion seal to ensure confidentiality)

000003
Space for Bar Code

• Must be completed in black ink (please tick where applicable) SERIAL No:
 • Please refer to instructions
 FILE No: 567/2012 DATE: 21/08/2012 A07501025

F DEMOGRAPHIC DETAILS

Initials and Surname of deceased: A M Njibewi

Identific number: [REDACTED]

PLACE OF DEATH: 1. Hospital (inpatient) LR / Outpatient DDA 2. Nursing Home 3. 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: [REDACTED]

Name of Plot, Farm, etc.: [REDACTED]

Suburb / Village: [REDACTED]

Town / City: [REDACTED]

Province / Country: Northern West

Postal Code: 0269

Magisterial district: Rustenburg

Census enumerator area: _____

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

None	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	CO

USUAL OCCUPATION OF DECEASED (give type of work done during most of working life. Do not use "retired".) TYPE OF BUSINESS / INDUSTRY (e.g. Mining, Farming etc.) Refer to instructions.

Was the deceased a smoker* five years ago? () Yes No Do not know Not applicable (name)

G MEDICAL CERTIFICATE OF CAUSE OF DEATH

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

Approximate interval between onset and Death (Days / Months / Years)

FOR OFFICIAL USE ONLY

IMMEDIATE CAUSE: (final disease or condition resulting in death)

(a) Gunshot wound Pelvis
Due to (or a consequence of)

Sequentially list conditions, if any, leading to immediate cause.

(b) _____
Due to (or a consequence of)

Enter UNDERLYING CAUSE last (Disease or injury that initiated events resulting in death)

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

If stillborn, please write mass in grams: [REDACTED]

Do you consider the deceased to be: African White Indian Coloured Other (Specify) _____

Method of ascertainment of cause of death:

1. 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

DEPARTMENT OF HEALTH

FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: 02567/12

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

I, E. MANUPA declare under oath:-

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

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

Q

From ~~DR~~ FO MEGAKANE

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: PN 3829/12

The ALC was sealed with the official seal no INK 070597

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. Manupa 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. Moloa
C.F.O

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

FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: 2012-09-21
00005

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

I, E. J. ... 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 2012-09-21 I received the following exhibit (s): 1, 2, 3

From DR. ...

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

On 2012-09-21 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

[Signature] S-F.O.

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

Place: Ga-Rankuwa FPS

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

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