

REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HEALTH NORTHWEST PROVINCEREPORT ON A MEDICO-LEGAL POSTMORTEM EXAMINATION  
*Marikana CAS No.: 137-08-2012*

To the Magistrate of **RUSTENBURG**

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

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

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

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

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

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

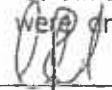
whose estimated age was: **approximately 30-45 years of age**

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

**06 days** prior to my examination.

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



  
\_\_\_\_\_

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

### 3. EVIDENCE OF MEDICAL INTERVENTION: Nil

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

### 5. EXTERNAL EXAMINATION:

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

#### Recent Injuries:

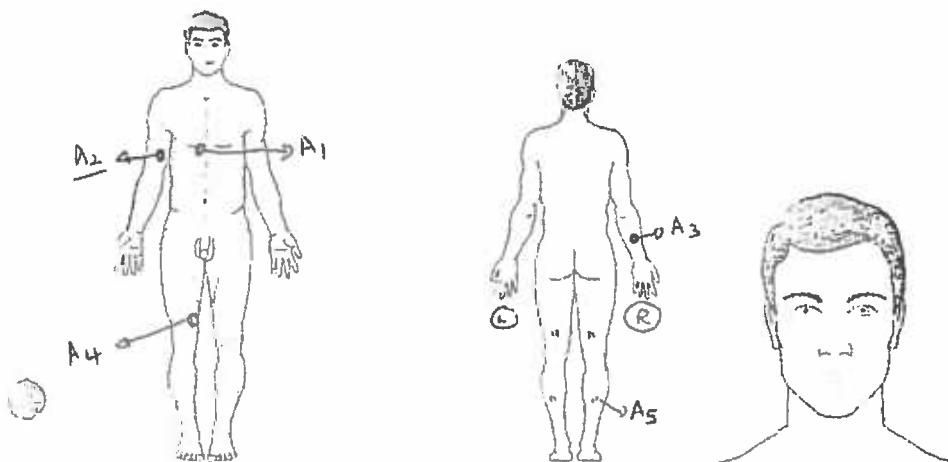
A1 - A circular laceration of the right anterior lower chest wall was noted. The wound measured 8x10mm and was located 25mm to the right of the midline, and at the level of the 5<sup>th</sup> intercostal space. A 7mm supero-medial area of abrasion was present. No tattooing was present. The wound tract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

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

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

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

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



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

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

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

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

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

Pell

## 6. INTERNAL EXAMINATION:

000?26

### Evisceration Method:

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

### TORSO

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

**Organ Weights: Not taken – organ scale not working.**

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

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

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

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

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

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

### HEAD

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

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

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

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

Pur

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

000227

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

**8. ANCILLARY INVESTIGATIONS:**

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

**9. ADDITIONAL OBSERVATIONS/COMMENTS**

History of death following shooting as per SAP 180  
The cardiothoracic organs were collected for occupational health investigation.  
Postmortem photography was performed by Mr N.N. Khoza of LCRC Brits.  
Mr M.E. Shadung of the SAPS Ballistics unit was present during the post-mortem examination.

*[Handwritten signature]*



**CAUSE OF DEATH STATEMENT:**

000328

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

**DISTANT PENETRATING GUNSHOT WOUND OF THE ABDOMEN**

I declare that I know and understand the contents of this statement.  
I have no objection to taking the prescribed oath.  
I consider the prescribed oath to be binding on my conscience.  
I swear that this statement is true, so help me God.

Dated at **Potchefstroom**

on this 03rd day of September 2012

**SIGNATURE:** [Handwritten Signature]

**QUALIFICATIONS:** MB BCh BAO, LRCP & S (I), FC For Path (SA)

**DESIGNATION:** SPECIALIST FORENSIC PATHOLOGIST

**ADDRESS AND TELEPHONE NUMBER:**

Department of Health, Private Bag X1253, Potchefstroom, 2520, NorthWest Province  
Tel: (018) 297 5060, Fax: (018) 294 4509

I certify that the deponent has acknowledged that she knows and understands the contents of the above declaration, that she has no objection to taking the prescribed oath and considers it binding on her conscience.

Thus sworn to and signed before me at: **POTCHEFSTROOM**

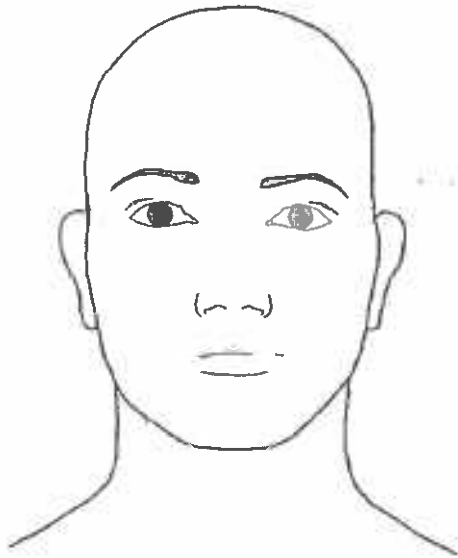
On this 3rd day of September 2012

[Handwritten Signature]  
**COMMISSIONER OF OATHS: R.S.A.**

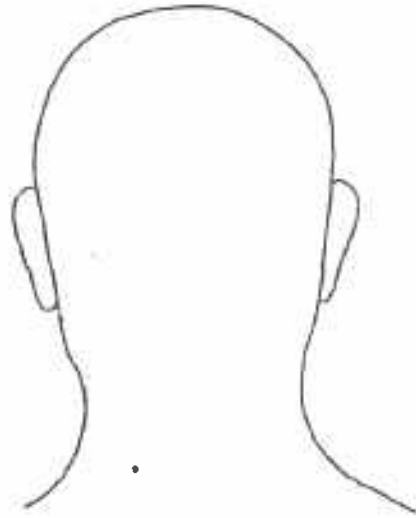
**FULL NAME:** JACOBUS MULLER (A. D.)  
**DESIGNATION:** MORTUARY MANAGER 0405953-1  
FORENSIC PATHOLOGY SERVICE  
25 O. R. THAMBO AVE MORTUARY MANAGER, POTCHEFSTROOM  
POTCHEFSTROOM, 2520

**BUSINESS ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

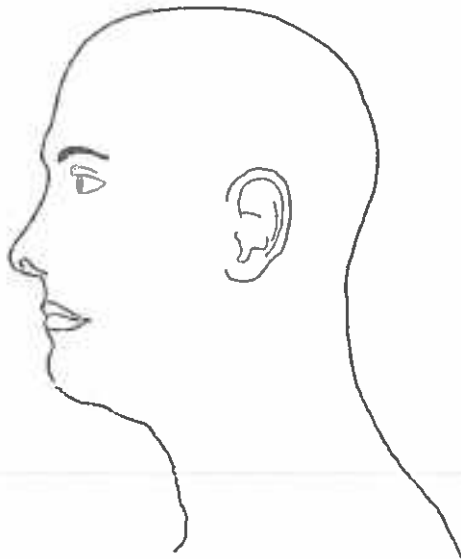




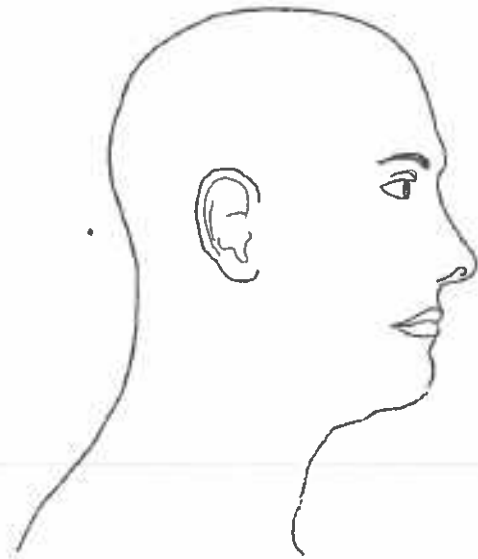
FRONT



BACK



SIDE



Examination of DR 578/2012  
on 22/08/12  
by

30mm x 15mm  
abrasion on  
the Rt inner arm.

Single small  
laceration

Rt side of chest  
[8mm x 10mm, 25mm  
from the midline of  
the chest.

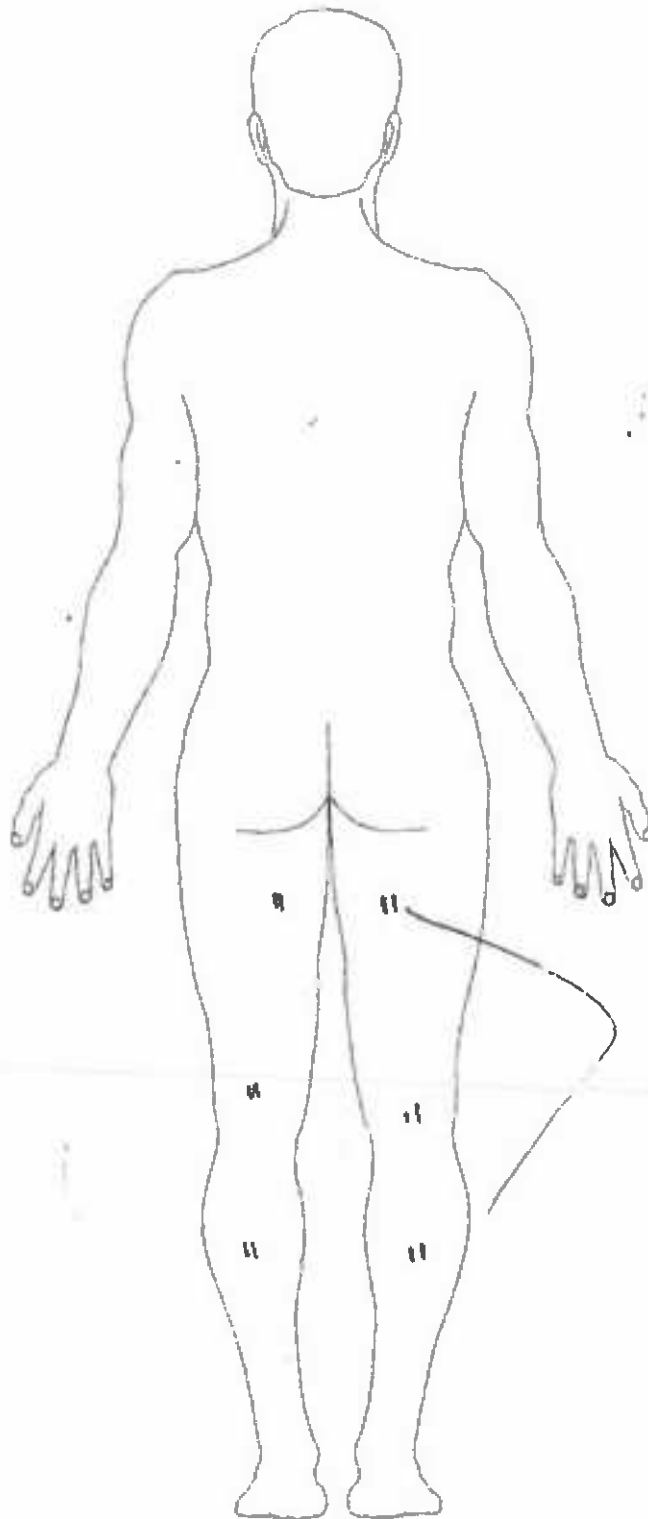
68 x 15mm  
abrasion  
Lateral aspect of  
Rt arm

Medial  
aspect of  
the right  
thigh

70 x 55  
contusion

Large oblong downward  
2 fragments

Examination of DR 578/2012  
on 22/05/12  
By Dr Janet Young



Traditional marks.



PM NO.: DR 578/2012 DATE: 22/08/12.

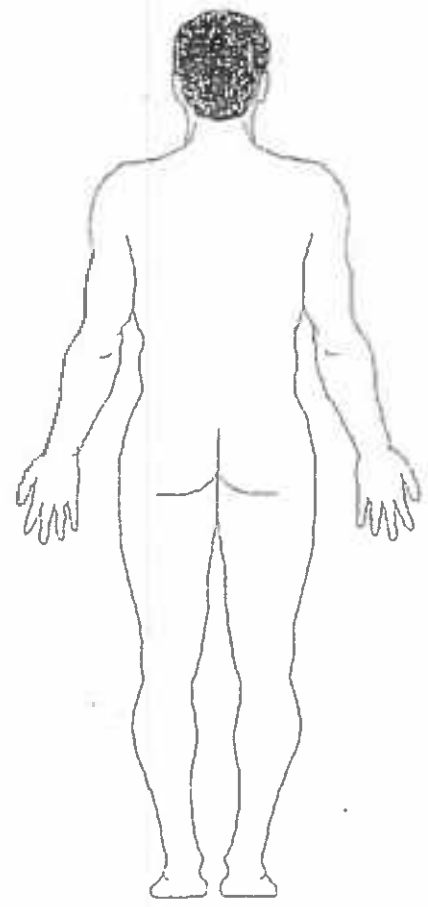
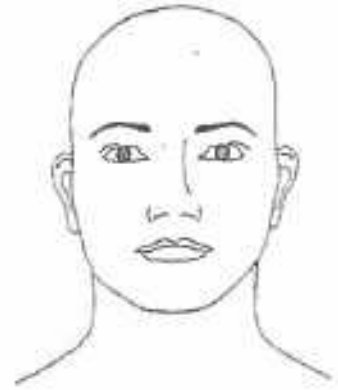
DISSECTOR: Mr. Khimbili

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_



Brown & Green striped T-shirt  
Black pants (Track suit)  
White running shoes  
Multicolored underwear.

Skin slippage.  
(torso & legs).



HEART:	(N)
LL:	
RL:	
LIVER:	Lacerated
SPL:	(N)
LK:	(N)
RK:	Lacerated
BRAIN:	Autolyzed.

IDENTIFIED BY: \_\_\_\_\_  
 DNA/OTHER TISSUE: PAS000486910  
 DNA (Coral Swab)

BLOOD ALCOHOL: FAPML07585/g TOXICOLOGY: TX001175 (urine)  
 HISTOLOGY: \_\_\_\_\_ ATTENDING PM: \_\_\_\_\_



*Handwritten signature*

UNITED STATES DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

WASHINGTON, D.C. 20530



UNITED STATES DEPARTMENT OF JUSTICE

Handwritten signature  
Signature of Commissioner of Correction

*Handwritten signatures*

000034

21100





211825  
- 14

211825  
- 14



ARCHIVE FOR JUSTICE

BU-1-1



ARCHIVE FOR JUSTICE







(After completion seal to ensure confidentiality)

Space for Bar Code

000339

Must be completed in black ink (please tick  where applicable)

Please refer to instructions

FILE No. 578 POL DATE: 22/08/2012 SERIAL No. A07501064

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

Pro. / 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)

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) (a) Gunshot wound of the Abdomen

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)

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

FOR OFFICE USE ONLY

ICD-10

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

How 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 pathologist  4. Opinion of registered professional nurse  5. Interview of family member

Who smokes tobacco on most days



000340

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

• Please refer to instructions

FILE No: 578 2012 DATE: 22/08/2012 A07501064

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, Prov. / Country, Postcode, Magisterial district, Census enumerator area

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

Table with columns: 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 I 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) Sunshot wound of the Abdomen Due to (or a consequence of) (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 4. Opinion of registered professional nurse 5. Interview of family member 6. Other (Specify)

Person who smokes tobacco on most days

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED: 00241

I, E. MANDIPELA 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 2012-08-27 I received the following exhibit (s): ALL

From DR Mcebeza

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 3842/12

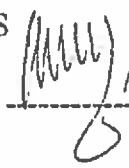
The ALL was sealed with the official seal no Rank 070585

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

Place: FPS Ga-Rankuwa

 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. Moloto  
C.F.O

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



AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED 000342

I, E MADUPELO 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 - 27 I received the following exhibit (s): ALL

From DR MORRIS

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: 1127:242/12

The ALL was sealed with the official seal no PK 070525

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 : MADUPELO ZACHARIA MODOLO  
 ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA  
 RANK : CHIEF FORENSIC OFFICER



Mortuary Reference (DR, PM or WC)	PITOK BNS DR 578/12	Priority Status:	Urgent	<input checked="" type="checkbox"/>	Routine	<input type="checkbox"/>
Case number	137/8/2012	If URGENT, please provide reason				000343
SAPS station	Nantana.					
Date of specimen collection	22/8/12.					
Time of specimen collection	10h30					
Date of death	16/8/12					

Was the deceased hospitalized before his/her death?	Yes	<input type="checkbox"/>	No	<input checked="" 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 checked="" 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 checked="" type="checkbox"/>	Unsure	<input type="checkbox"/>
---	-----	--------------------------	----	-------------------------------------	--------	--------------------------

If YES, please list drugs.

Clinical History	Age	47-40	Race	B	Sex	Male	<input checked="" type="checkbox"/> Female	
Circumstance of death:	Suicide		Homicide		MVA	Unknown	Other	<input checked="" type="checkbox"/>

Please provide relevant facts in the history

Herbal hallucinogenic R

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

Noil  
 Gustaf Wand



AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED 000344

I, E. MAURER 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 DR MURRAY

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 LAR officer

REF: TX 2466/12

The Pox was sealed with the official seal no TX 001175

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] M2 M02020  
C.F.O

NAME : MATLOY ZACHARIA M02020  
 ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA  
 RANK : CHIEF FORENSIC OFFICER



AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED: 000345

I, E. Mphahlele 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 2012-08-20 I received the following exhibit (s): TORIN 200

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 2012-08-20 I handed the above exhibit (s) to the \_\_\_\_\_ officer

REF: Tx 2000/12

The \_\_\_\_\_ was sealed with the official seal no Tx 1170

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 (Mphahlele) M2 M2000  
\_\_\_\_\_ C.F.O

NAME : Mphahlele Zacharia Molofo  
 ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA  
 RANK : CHIEF FORENSIC OFFICER





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

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

I, MATLOU ZACHARIA MOLOTO declare under oath:-

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

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

*SFO MADYBELA*

I received the following sample(s) from .....

**One DNA swab specimen(s)**

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

On 20 17 08 / 30

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

No 90644310

Rank PF Investigator

Name Erance Mokoena

*[Signature]*  
-----  
**SIGNATURE OF I/O**

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

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

Place: FPS Ga-Rankuwa

*[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 17 08 30

*[Signature]*  
-----  
(Signature)

NAME : LUCAS MENZELWA MAHLANGU

ADDRESS : 6543 KGOTLENG STREET, GARANKUWA

RANK : ASSISTANT DIRECTOR





SOUTH AFRICAN POLICE SERVICE

000346(a)

IDENTIFICATION OF BODY

\*Station/Government Mortuary PHOKENGA CAS/CR/Serial No. DR 578/12

In printing

I, Thandekile Ngweyi

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

\*male/female residing at [REDACTED] State under oath/confirm

On 2012/08/23 at the Government Mortuary, PHOKENGA

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

as being that of Michael Ngweyi

Particulars of deceased:

- 1. Identity number [REDACTED]
- 2. Date of birth 1978/03/03
- 3. Residential address [REDACTED] - wonderkerp
- 4. Employed at Lonmin 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 Umtata

H. NGWEYI

"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

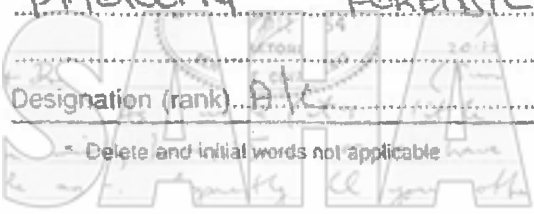
\*I certify that the deponent has acknowledged that he/she knows and understands the contents of this declaration which was sworn to/affirmed before me and that the deponent's signature/thumb-print/mark was placed thereon in my presence, at PHOKENGA (place) on 2012/08/23 (date) at 22 : 19 (time).

[Signature]  
(Signature) Commissioner of Oaths

Full first names and surname BEJUMELO ANNAH JOY MPULWANE  
Business address (Street address of Police Station) 31 SALEMA SECTION  
PHOKENGA FORENSIC PATHOLOGY SERVICES

Designation (rank) A/C South African Police Service

\* Delete and initial words not applicable





1000  
GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE 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 KENNINGSGEWING VAN ADRESVERANDERING wat in die sakkie agter in die identiteitsdokument gebruik word om die verandering aan te meld en moet dit ingedien word by of geres word aan die naaste streek- of streekkantoor 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.

DECLASSIFIED  
COPY

I.D.No. [REDACTED]

S. A. BURGER/S. A. CITIZEN

VAN/SURNAME NGWEYI 000346(6)

VOORNAME/FORENAMES MICHAEL

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

GEBORTE DATUM/  
DATE OF BIRTH 1973-03-03



DATUM UITGEREIK  
DATE ISSUED  
2004-08-26

UITGEREIK OP GESAG VAN DIE  
DIREKTUR-GENERAAL  
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE  
DIRECTOR-GENERAL  
HOME AFFAIRS

1000  
GEREGISTREERDE WOON- EN POSADRES

1. Bewaar die bewys van u GEREGISTREERDE 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 KENNINGSGEWING 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 geres word aan die naaste streek- of streekkantoor 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.

1  
I.D.No. [REDACTED]

S. A. BURGER/S. A. CITIZEN

VAN/SURNAME NGWEYI

VOORNAME/FORENAMES THANDEKILE

GEBORTEDISTRIK OF-LAND/  
DISTRICT OR COUNTRY OF BIRTH

SUID-AFRIKA

GEBORTE DATUM/  
DATE OF BIRTH 1968-09-12



DATUM UITGEREIK  
DATE ISSUED  
1997-08-14

UITGEREIK OP GESAG VAN DIE  
DIREKTUR-GENERAAL  
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE  
DIRECTOR-GENERAL  
HOME AFFAIRS

Mortuary Reference (DR, PM or WC)	P17012306 DR 579/12	Priority Status:	Urgent		Routine	X
Case number	137/08/12	If URGENT, please provide reason				
SAPS station	Mankana				000237	
Date of specimen collection	22/8/12					
Time of specimen collection	11h00					
Date of death	16/8/12					

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

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

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

If YES, please list results:

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

If YES, please list drugs:

Clinical History	Age	7-35	Race	B	Sex	Male	<input checked="" type="checkbox"/> Female	
Circumstance of death:	Suicide		Homicide		MVA	Unknown	Other	X

Please provide relevant facts in the history

Herbal hallucinogens

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

gunshot wound



0.01112  
2012  
11/08/12

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED: 000068

I, E. MURRAY 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 DR MURRAY

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 LITB officer

REF: TX 2421/12 - TX 2423/12

The Tox was sealed with the official seal no TX 001182

- 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 : MAYLOY ZACHARYA MOLOTO  
 ADDRESS : 6543 KGOTLENG STREET, GA-RANKUWA  
 RANK : CHIEF FORENSIC OFFICER







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

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

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 SFO MADUPELI

**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 2012/08/30 I handed the above specimen(s) to the investigating officer

No 70644310 Rank P/Investigator Name Ernce Motaung

SIGNATURE OF I/O

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

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

Place: FPS Ga-Rankuwa

[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 12 2012

[Signature]  
(Signature)

NAME : LUCAS MENZELWA MAHLANGU

ADRESS : 6543 KGOTLENG STREET, GARANKUWA

RANK : ASSISTANT DIRECTOR





A591

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

1/2

SAPD 13 Nr ..... Lyk Nr Ar 580/12  
 SAPS 13 No ..... 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 ..... 000271

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

Merk toepaslike blok met X / Mark applicable square with X

ID Nr: .....  
 ID No: .....

Wit White	<del>Swart Black</del>	Bruin Brown	Asiër Asian	<del>Manlik Male</del>	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 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
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	Skieelike dood sonder mediese geskiedenis Sudden death without medical history	Sterf in aanhouding Died in custody				

Volledige geskiedenis  
Full history

Gunshot

000256

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

• Please refer to instructions

FILE No: DATE:

A07501060

**F DEMOGRAPHIC DETAILS**

Initials and Surname of deceased P B Siljae

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. [REDACTED]  
 Suburb / Village Waini Kawa  
 City [REDACTED]  
 Province / Country North-West  
 Postal Code 0300  
 Magisterial district Rustenburg  
 Census enumerator area [REDACTED]

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.  
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) Sunshot wound of the head  
 Due to (or a consequence of) [REDACTED]

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) [REDACTED]  
 (c) Due to (or a consequence of) [REDACTED]  
 (d) Due to (or a consequence of) [REDACTED]

**FOR OFFICE USE ONLY**  
 ICD-10  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]

**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) [REDACTED]

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) [REDACTED]

Someone who smokes tobacco on most days [REDACTED] Government Printing Works Tel (012) 334 4510



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

REGISTRATION / REGISTER OF DEATH / STILLBIRTH

Space for Bar Code

000264

• Must be completed in black ink (please tick  where applicable) SERIAL No: **A07501060**  
 • Please refer to instructions  
 FILE No: **79/12** DATE: **22/08/2012**

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

Identity number of deceased: [REDACTED] Date of death: **20/08/16** Date of birth: **17/03/16**  
 Surname: **Viscane** Age at last birthday: [ ] years  
 Maiden Name (If female): [ ] Sex: **MALE**  
 Forenames: **Pheliso Akhona** If death occurred within 24 hours after birth number of hours alive: [ ]

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

PLACE OF BIRTH (Municipal district or country if abroad): **RSA**  
 PLACE OF DEATH (City / Town / Village): **Wanderstep**  
 PLACE REGISTRATION OF DEATH: [ ]  
 CITIZENSHIP OF DECEASED: **South African**

**B PARTICULARS OF INFORMANT**

Identity number: [REDACTED]  
 Initials and Surname: **N Ndumane**  
 Relationship to deceased: Parent  Spouse  Child  Other kin  Other (specify)   
 Postal address: [ ] Postal Code: [ ]  
 Was the next of kin of the deceased a smoker\* during the past five years? Yes  No  Refuse to answer   
 Date: **20/08/2012** Signature: [ ] Telephone No.: **022 681491**

**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: [ ] Postal Code: [ ] SAMDC / SANC Reg. No.: [ ]

**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: **RGF MOORAD** Date: **22/08/2012**  
 Place of post-mortem: **Forensic Unit** Date signed: **22/08/2012**  
 Reference: **DK 579/12** Signature: [ ]  
 Postal address: **DR. R G F MOORAD, P/BAG X1253, POTCHEFSTROOM 2520, SPECIALIST FORENSIC PATHOLOGIST** Postal Code: [ ] SAMDC Reg. No.: [ ]

**FOR OFFICIAL USE ONLY**

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

Office Stamp: [ ]

Someone who smokes tobacco on most days

Government Printing Works Tel: 012 334-4500



000355

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

Please refer to instructions

A07501060

FILE No: DATE:

F DEMOGRAPHIC DETAILS

Initials and Surname of deceased Y A Silase

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 Manikaya
City North-west
Province / Country 03100
Magisterial district Rustenburg
Census enumerator area

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

Table with columns: 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. 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)

FOR OFFICE USE ONLY ICD-10

IMMEDIATE CAUSE (Final disease or condition resulting in death)

(a) Sunshot wound of the head

[ ] [ ] [ ]

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 [ ] [ ] [ ] [ ]

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)

Person who smokes tobacco on most days

REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HEALTH NORTHWEST PROVINCE

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

To the Magistrate of **RUSTENBURG**

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

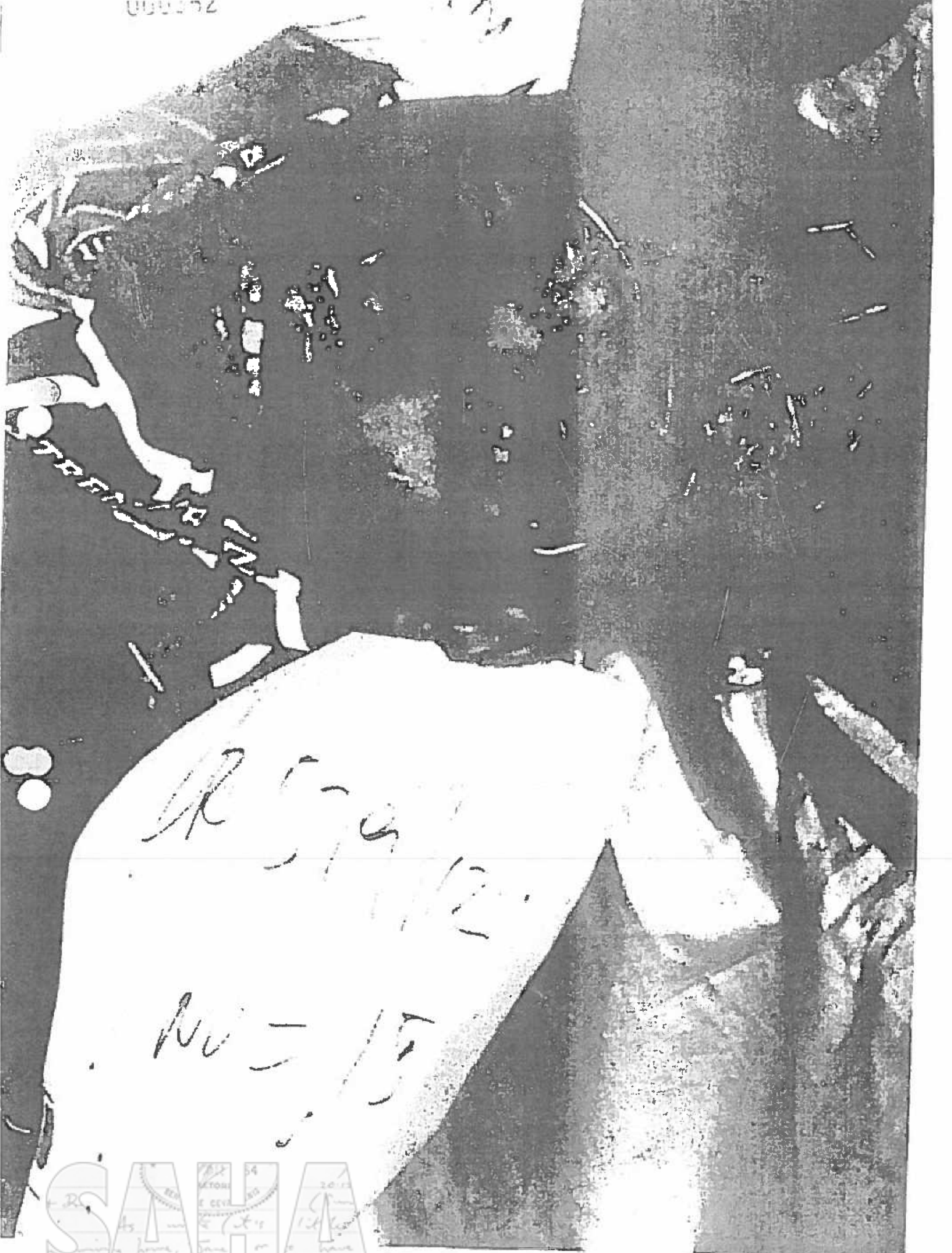
I am in the Service of the Department of Health NorthWest Province as a **Full-Time District Forensic Specialist**.

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

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

The body was identified to me by: **Mr Sekhute of Forensic Pathology Service Phokeng**.





R 5799

NO - 15



**CAUSE OF DEATH STATEMENT:**

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

**DISTANT PERFORATING GUNSHOT WOUND OF THE HEAD**

I declare that I know and understand the contents of this statement.  
I have no objection to taking the prescribed oath.  
I consider the prescribed oath to be binding on my conscience.  
I swear that this statement is true, so help me God.

Dated at **Potchefstroom**

on this 03rd day of September 2012

**SIGNATURE:** [Handwritten Signature]

**QUALIFICATIONS:** MB BCh BAO, LRCP & S (I), FC For Path (SA)

**DESIGNATION:** SPECIALIST FORENSIC PATHOLOGIST

**ADDRESS AND TELEPHONE NUMBER:**

Department of Health, Private Bag X1253, Potchefstroom, 2520, NorthWest Province  
Tel: (018) 297 5060, Fax: (018) 294 4509

I certify that the deponent has acknowledged that she knows and understands the contents of the above declaration, that she has no objection to taking the prescribed oath and considers it binding on her conscience.

Thus sworn to and signed before me at: POTCHEFSTROOM

On this 3rd day of September 2012

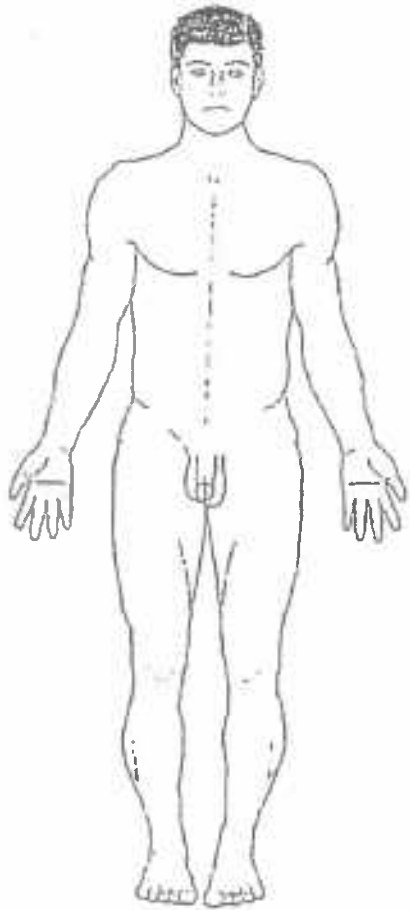
[Handwritten Signature]  
**COMMISSIONER OF OATHS:** ACSAUS MULLER (A. D.)  
**FULL NAME:** MORTUARY MANAGER 0405953-1  
FORENSIC PATHOLOGY SERVICE  
**DESIGNATION:** 25 O R THAMBO AVE MORTUARY MANAGER, POTCHEESTROOM, 2520

**BUSINESS ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

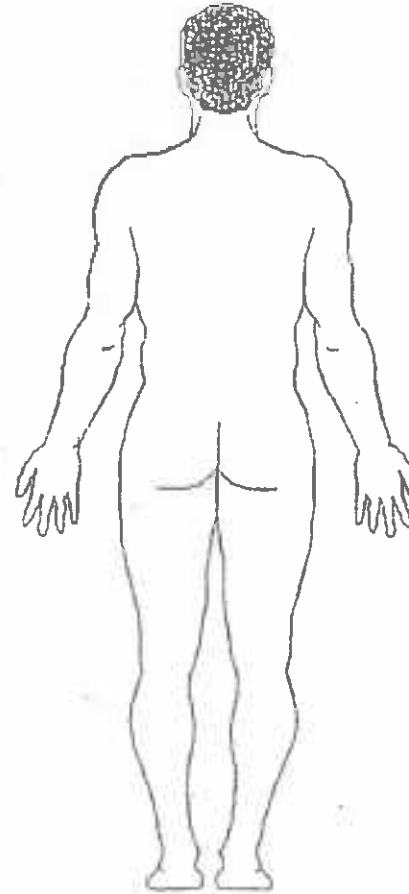
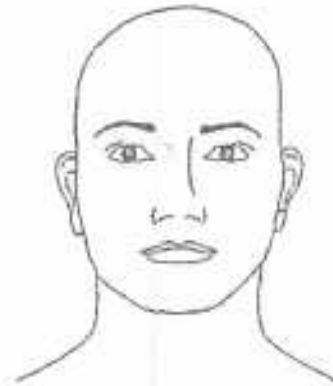


PM NO.: DL 579/2012 DATE: 22/08/2012 DISSECTOR: Mr Kgasi (Bits)

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_



Blue jeans  
Grey shoes  
Blue hoodie  
Beige T-shirt  
Navy blue underwear



HEART:	(N)
LL:	(N)
RL:	(N)
LIVER:	(N)
SPL:	(N)
LK:	(N)
RK:	(N)
BRAIN:	



IDENTIFIED BY: \_\_\_\_\_

DNA/OTHER KITS: PAS000466909

Coral Swab

BLOOD ALCOHOL: FA PMK070525/6

HISTOLOGY: \_\_\_\_\_

Doctor's Notes Postmortem

TOXICOLOGY TX001182

ATTENDING PM: \_\_\_\_\_

(not taken)

Stomach contents  
Urine  
Blood

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

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

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

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

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

#### **8. ANCILLARY INVESTIGATIONS:**

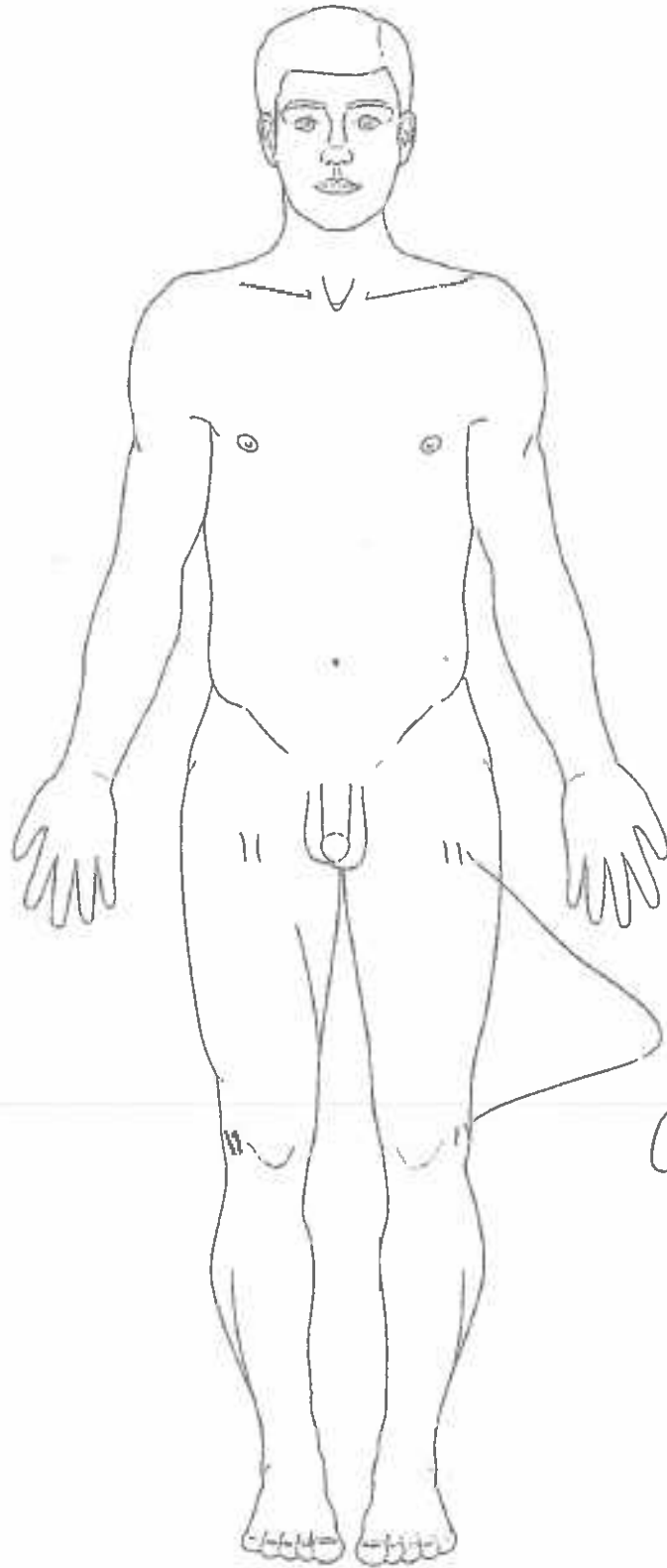
Clothing was collected and handed in a clothing evidence collection bag to Mr Madupela of Forensic Pathology Services Garankuwa. Seal Number: FSG394873.  
An oral swab for DNA was taken and handed to Mr Madupela of Forensic Pathology Service Garankuwa. Seal Numbers: PA5000486909.  
Samples of stomach content, urine and blood were sealed in a Toxicology Kit (Seal Number; TX001182) and were handed to Mr Madupela of Forensic Pathology Services Garankuwa.

#### **9. ADDITIONAL OBSERVATIONS/COMMENTS**

History of death following shooting as per SAP 180  
Postmortem photography was performed by Mr N.N Khonza of LCRC Brits.  
Additional photography was performed by the SAPS Ballistics Unit, Mr M.E. Shadung.  
The cardiothoracic organs were collected and handed to Mr Madupela of Forensic Pathology Services Garankuwa for Occupational Health investigation.  
Insufficient blood was present to allow for testing of blood alcohol.

      
Pu.

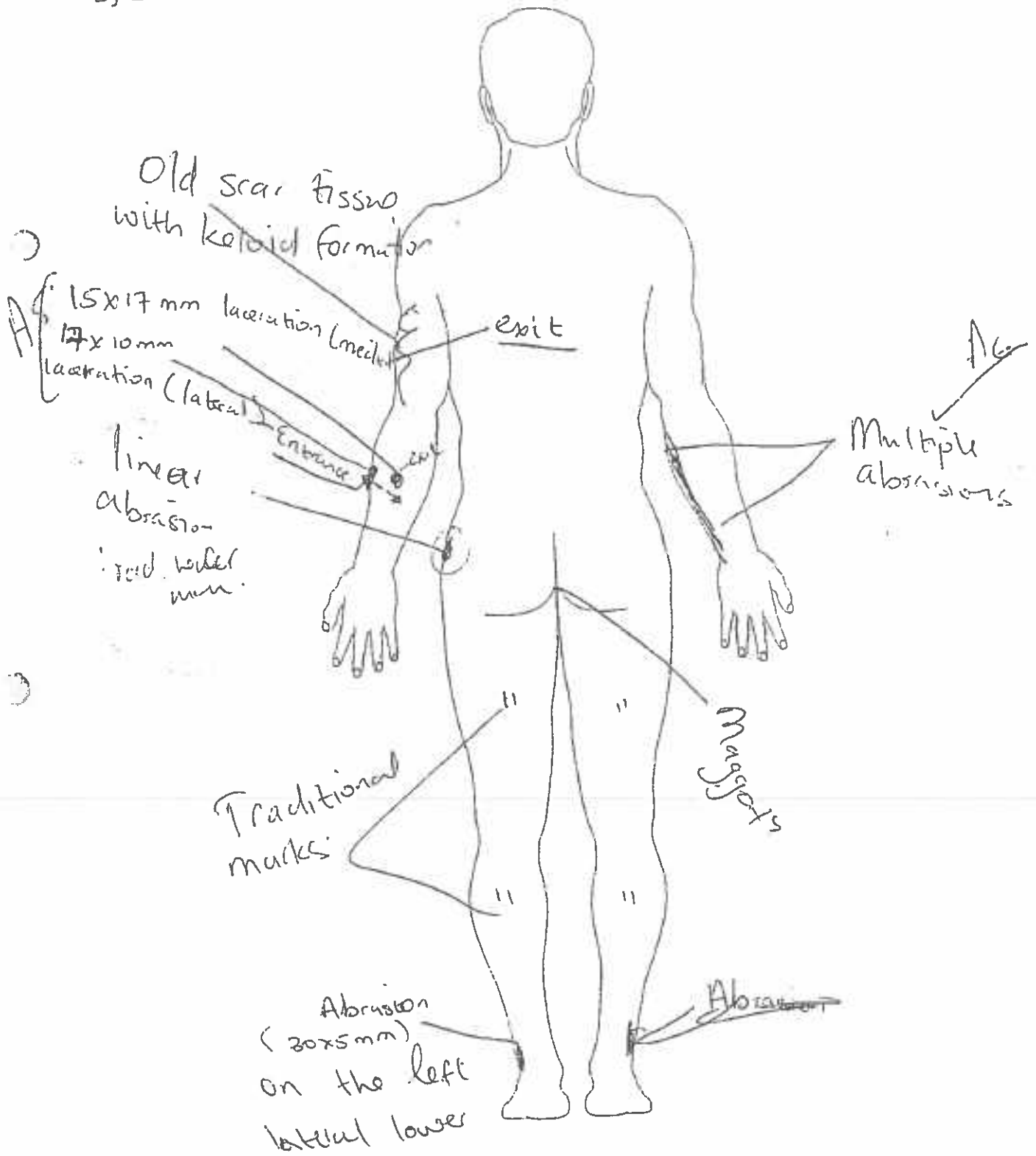
Examination of DR 579 / 2012  
on 22/08/12  
by



Traditional marks

(lateral aspect of the knees & anterior aspect of the thighs)

Examination of DR 579/12  
on 22/05/12  
By Dr Janet Young





NOTIFICATION / REGISTER OF DEATH / STILLBIRTH

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

Space for Bar Code



9 9 9 9

• Must be completed in black ink (please tick  where applicable). SERIAL No. **AO 7501060**  
• Please refer to instructions  
FILE No. **DR579/12** DATE **22/08/2012**

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

Identity number of deceased: [REDACTED] Date of death: **2012 08 16** Date of birth: **1986 05 16**

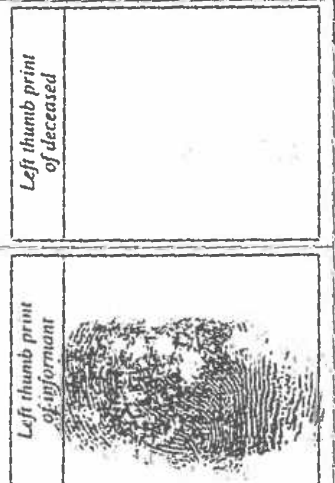
Surname: **Ngase** Age at last birthday: [ ] years

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

Forenames: **Robert Akhona** If death occurred within 24 hours after birth number of hours alive: [ ]

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

PLACE OF BIRTH (Municipal district or country if abroad) **RSA**  
PLACE OF DEATH (City / Town / Village) **Wanderkop**  
REGISTRATION OF DEATH [ ]  
CITIZENSHIP OF DECEASED **South-African**



**B PARTICULARS OF INFORMANT**

Identity number: [REDACTED]  
Initials and Surname: **N Ndumbane**  
Relationship to deceased: Parent  Spouse  Child  Other kin  Other (specify)   
Postal address: [ ] Postal Code: [ ]  
Was the next of kin of the deceased a "smoker" during the past five years? Yes  No  Refuse to answer   
Date: **2012 08 20** Signature: [ ]  
Dialling Code: **083** Telephone No: **522 6849**

**C PARTICULARS OF FUNERAL UNDERTAKER**

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

Office Stamp of Funeral Undertaker

**D 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 to natural causes.

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

**E 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 retained 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: **PGE MOORAD**  
Signature: [ ]  
Date: **2012 08 22**  
Date signed: **2012 08 22**  
Postal address: **P/BAG X1253 POTCHEESTROOM 2000**  
Postal Code: **0442003**  
SAMDC Reg. No. [ ]

**F OFFICIAL USE ONLY**

Registration of Death approved and Burial Order issued

Initials and Surname of Registrar: [ ]  
Force No / Designation No: [ ]  
Persal No: [ ]

Office Stamp



COMMUNICATIONS SECTION

*Handwritten signature or initials in the top right corner.*

COMMUNICATIONS SECTION  
ST. LOUIS, MISSOURI

RECEIVED  
NOV 20 1964

COMMUNICATIONS SECTION  
ST. LOUIS, MISSOURI

*Handwritten signature*  
Signature of Commanding Officer





690251

STRENGTH

*Handwritten text on a white paper fragment, possibly including the name "K. S. ..."*

510

8579/12

GEREGISTREERDE WOON- EN POSADRES

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

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

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

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

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

JIJASE

VOORNAME/FORENAMES

PATRIC AKHONA

GEBORTEDISTRIK OF LAND/  
DISTRICT OF COUNTRY OF BIRTH

SOUTH AFRICA

GEBORTE DATUM/  
DATE OF BIRTH

1986-03-12

DATUM UITGEREIK  
DATE ISSUED

2008-09-03

UITGEREIK OP OUBAAG 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 GEREGISTREERDE WOON- EN POSADRES in hierdie sakkie.

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

REGISTERED RESIDENTIAL AND POSTAL ADDRESS

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

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

NDLUMBANE

VOORNAME/FORENAMES

NYANISO

GEBORTEDISTRIK OF LAND/  
DISTRICT OR COUNTRY OF BIRTH

SOUTH AFRICA

GEBORTE DATUM/  
DATE OF BIRTH

1963-12-25

DATUM UITGEREIK  
DATE ISSUED

2010-10-07

UITGEREIK OP OUBAAG VAN DIE  
DIREKTEUR-GENERAAL  
BINNELANDSE SAKE

ISSUED BY AUTHORITY OF THE  
DIRECTOR-GENERAL:  
HOME AFFAIRS



ARCHIVE FOR JUSTICE



000250

SOUTH AFRICAN POLICE SERVICE

Body number DR579/121

**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 Palvic Okhona  
Thjase

to .....  
of .....

Place Phokeng  
Date 2012-08-20

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

Address .....

(Tel. No. 083 522 6849)

**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)

Address .....

(Tel. No. ....)



REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HEALTH NORTHWEST PROVINCE

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

To the Magistrate of **RUSTENBURG**

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

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

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

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

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

The dissector was **Mr Kgasi of Forensic Pathology Services, Brits**

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

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

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

**06 days** prior to my examination.

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

*Ru*



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

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

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

## 6. INTERNAL EXAMINATION:

### Evisceration Method:

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

### TORSO

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

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

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

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

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

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

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

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

### HEAD

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

RM

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

**5. EXTERNAL EXAMINATION:**

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

**Recent Injuries:**

A1 – A circular laceration of the right temporal scalp was noted. The wound measured 14x8mm and was located 75mm superior to the external auditory meatus of the right ear. The wound had a 6mm posterior rim of abrasion. No firearm discharge residue was noted. The wound tract passed through the temporal bone, passing to the left and anteriorly causing laceration of the brain.

A2 – A laceration of the left frontal area of the scalp was present. The wound measured 85x30mm and was located 158mm anterior and slightly superior to the external auditory meatus of the left ear. The wound edges were irregular and underlying exposed fractured skull fragments were visible.

A3 – A 15mm circular abrasion of the left cheek was present 25mm anterior to the left ear.

A4 – A 21mm circular-oval abrasion of the right upper cheek was noted.

A5 – On the left forearm was a circular laceration, measuring 17x10mm. This laceration had a circumferential 6mm rim of abrasion, which was broader on the lateral margin. No firearm discharge residue was noted. The wound tract passed medially and subcutaneously, towards the ulnar side of the forearm, to exit in an oval laceration measuring 15x17mm.

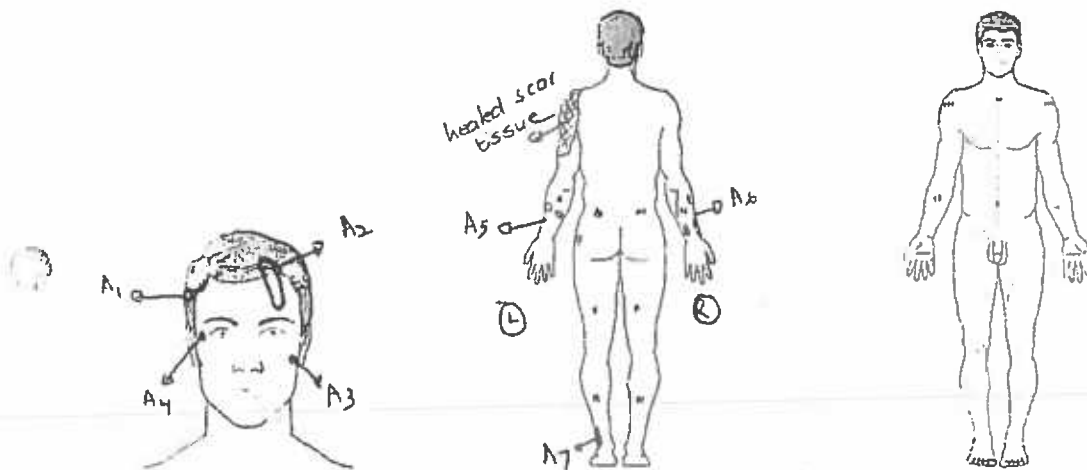
A6 – Multiple linear and small oval abrasions of the right forearm were present.

A7 – A linear abrasion of the lateral malleolus of the left ankle was noted, measuring 30x5mm.

A8 - Numerous small superficial incisions of the anterior posterior lower limbs, sides of the buttocks and forearms were present. These marks measured approximately 5mm in length and were parallel to each other, in pairs of two incisions.

**Old Injuries:**

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

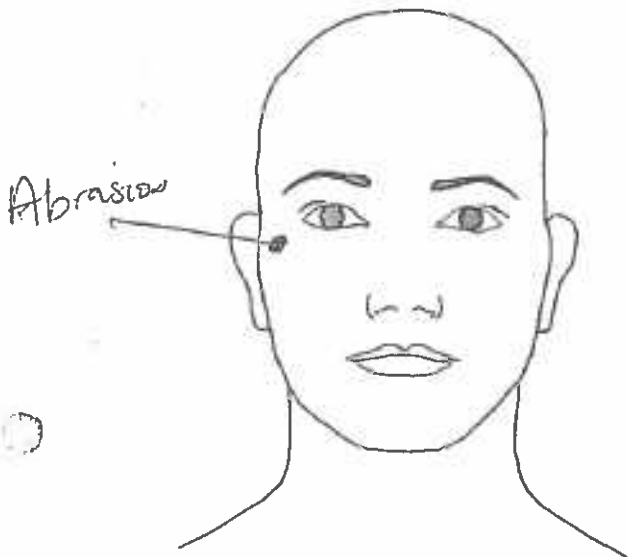


**General:** The deceased was of slender, muscular build (Height – 1.72m; Weight – 51kg). Body habitus and hair distribution were normal for age and gender. There was no evidence of dehydration. No peculiar odours or colour changes were noted. There was no visible or palpable lymphadenopathy.

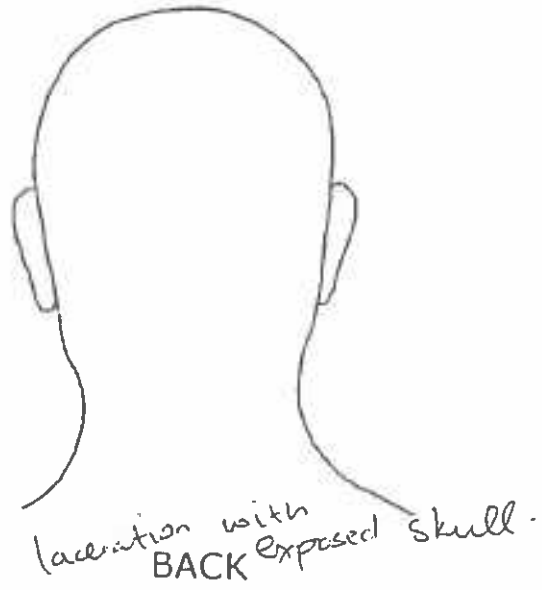
**Head:** The face showed evidence of trauma (Refer to Paragraph 5 – A5). The scalp and soft tissues of the head were injured (Refer to Paragraph 5 – A1-A4). The head appeared distorted in shape with multiple palpable comminuted skull fractures. The left eye was distorted. The conjunctival vessels were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

Pen

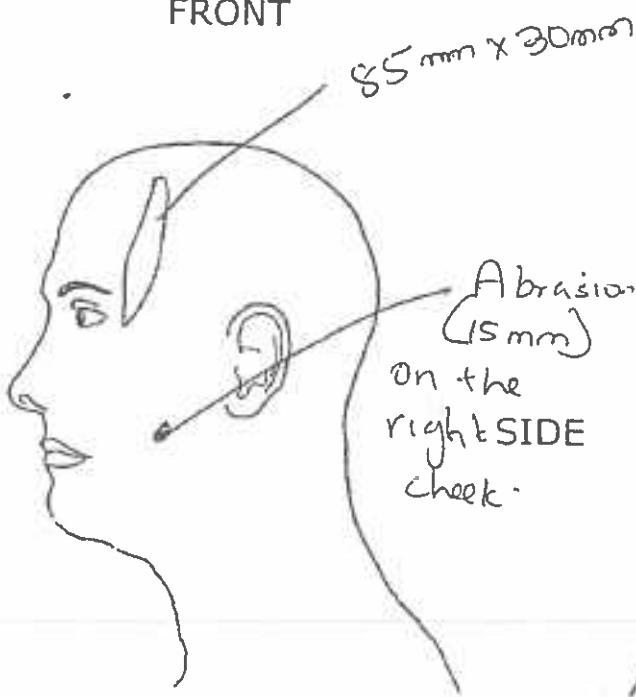




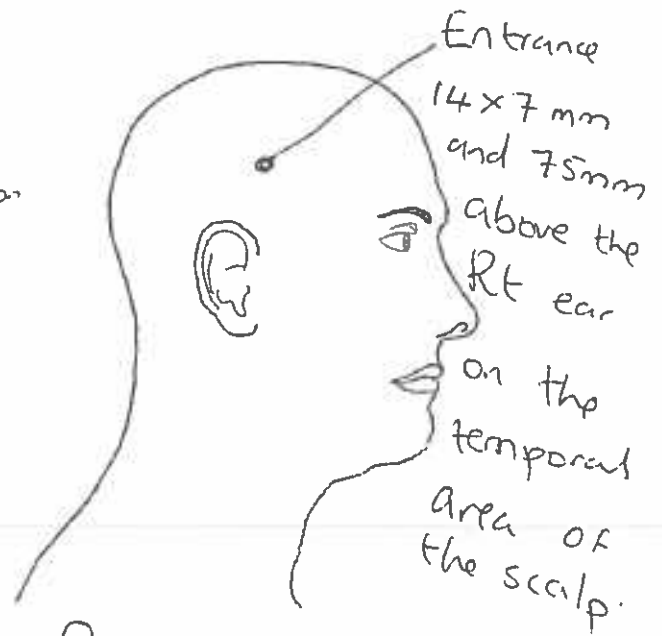
FRONT



laceration with exposed skull.  
BACK



Abrasion (15mm) on the right SIDE cheek.



Entrance 14x7mm and 75mm above the Rt ear on the temporal area of the scalp.

Entry (R) temporal  
MOA  
Exit (L) frontal



000758

SOUTH AFRICAN POLICE SERVICE

### IDENTIFICATION OF BODY

Station/Government Mortuary Phokeng CAS/CR/Serial No. 579/12

In printing I, Nyaniso Ndumbane

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

male/female residing at Marikana [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 Patric Akhona Tijase

#### Particulars of deceased:

1. Identity number [redacted] 2. Date of birth 1986-03-12

3. Residential address Marikana [redacted]

4. Employed at Lonmin

5. Relationship to deponent Nephew (Brother) 6. Marital status Single

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

"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]*

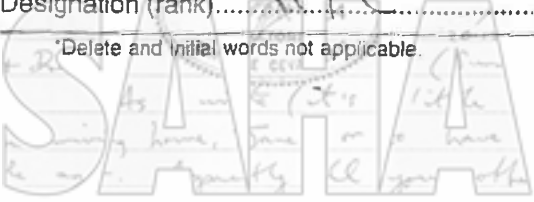
(Signature) Commissioner of Oaths

Full first names and surname Joy Anna Mbulwane

Business address (Street address of Police Station) Solema Section - Phokeng  
Forensic Medico Legal Service

Designation (rank) A/C South African Police Service

\*Delete and initial words not applicable.





A590

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

1/2

SAPD 13 N  
SAPS 13 I

Lyk Nr  
Body No

DE 578/12

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

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

000247

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

Merk toepaslike blok met X / Mark applicable square with X

ID Nr :  
ID No :

Wit White	<del>Swart Black</del>	Bruin Brown	Asiër Asian	<del>Manlik Male</del>	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  
Date and time of death

2012/08/16

Plek van dood  
Place of death

Landelkop

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
---	--	--

Volledige geskiedenis  
Full history

Subnot





A591

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

1/2

SAPD 13 Nr ..... Lyk Nr .....  
 SAPS 13 No ..... Body No. DE 580/12

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

Nommer, rang en naam van lid wat lyk ontvang  
 Number, rank and name of member receiving body ..... 000271

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

Merk toepaslike blok met X / Mark applicable square with X

ID Nr: .....  
 ID No: .....

Wit White	<del>Swart Black</del>	Bruin Brown	Asiër Asian	<del>Manlik Male</del>	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 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	
Sellmoord 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				

Volledige geskiedenis  
Full history ..... gunshot

REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HEALTH NORTHWEST PROVINCE

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

To the Magistrate of **RUSTENBURG**

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

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

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

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

This body was identified to me by: **Mr Sekhute of Forensic Pathology Service Phokeng**.

The prosecutor was **Mr Noko of Forensic Pathology Services Rustenburg**.

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

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

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

**05 days** prior to my examination.

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

*Ben*

3. EVIDENCE OF MEDICAL INTERVENTION: Nil

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

5. **EXTERNAL EXAMINATION:**

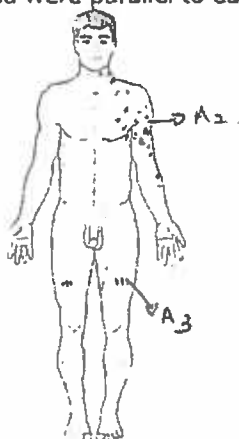
(Note: All injuries are numbered for reference. This is arbitrary and does not correspond to any order in which they may have been incurred)

**Recent Injuries:**

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

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

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



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

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

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

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

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

*Em*



**6. INTERNAL EXAMINATION:****Evisceration Method:**

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

**TORSO**

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

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

**Organ Weights: Not taken.**

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

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

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

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

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

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

**HEAD**

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

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

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

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

## 7. SUMMARY OF INJURIES/FINDINGS:

Adult Black Male

History of shooting

Distant shotgun pellet wounds of the chest, neck and left arm

Lacerated lungs

Bilateral haemothoraces

Lacerated left jugular vein

Distant perforating gunshot wound of the back

Soft tissue haemorrhage of the back

000375

## 8. ANCILLARY INVESTIGATIONS:

- Clothing was collected and handed in a clothing evidence collection bag to Mr E.M. Madupela of Forensic Pathology Services Ga-Rankuwa. Seal Number: FSG394874.
- An oral swab for DNA was taken and handed to Mr E.M. Madupela of Forensic Pathology Service Ga-Rankuwa. Seal Numbers: PA5000486908.
- Samples of stomach content, urine, blood and eye fluid were sealed in a Toxicology Kit (Seal Number TX000150) and were handed to Mr E.M. Madupela of Forensic Pathology Services Ga-Rankuwa
- Femoral blood for blood alcohol was taken and handed to Mr E.M. Madupela of Forensic Pathology Services Garankuwa. Seal Number: PMK070599/60.
- Pellets extracted from the body were handed to Mr E.M. Madupela of Forensic Pathology Services Garankuwa and were sealed in an evidence bag with Seal Number: FSB 1050950.

## 9. ADDITIONAL OBSERVATIONS/COMMENTS

History of death following shooting as per SAP 180

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

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

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

*Pen*



**CAUSE OF DEATH STATEMENT:**

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

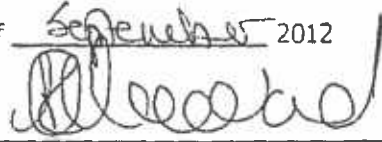
**SHOTGUN WOUNDS OF THE NECK AND CHEST**

I declare that I know and understand the contents of this statement.  
I have no objection to taking the prescribed oath.  
I consider the prescribed oath to be binding on my conscience.  
I swear that this statement is true, so help me God.

Dated at **Potchefstroom**

on this 03rd day of September 2012

**SIGNATURE:**



**QUALIFICATIONS:** MB BCh BAO, LRCP & S (I), FC For Path (SA)

**DESIGNATION:** SPECIALIST FORENSIC PATHOLOGIST

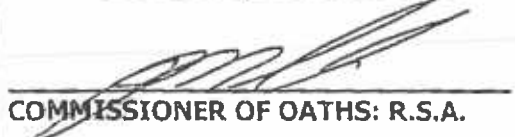
**ADDRESS AND TELEPHONE NUMBER:**

Department of Health, Private Bag X1253, Potchefstroom, 2520, NorthWest Province  
Tel: (018) 297 5060, Fax: (018) 294 4509

I certify that the deponent has acknowledged that she knows and understands the contents of the above declaration, that she has no objection to taking the prescribed oath and considers it binding on her conscience.

Thus sworn to and signed before me at: **POTCHEFSTROOM**

On this 3rd day of September 2012

  
**COMMISSIONER OF OATHS: R.S.A.**

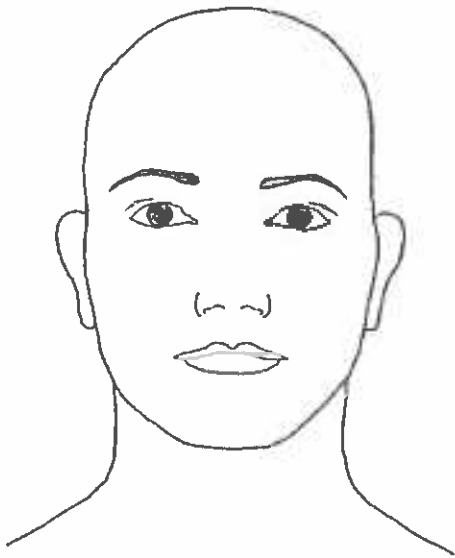
**FULL NAME:** JACOBUS MULLER (A.D.)

**DESIGNATION:** MORTUARY MANAGER 0405953-1 FORENSIC PATHOLOGY SERVICE MORTUARY MANAGER, POTCHEFSTROOM

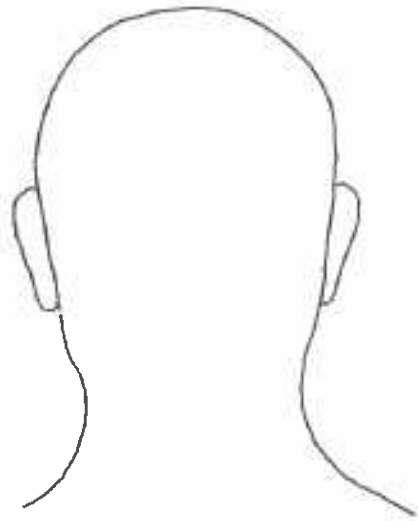
**BUSINESS ADDRESS:** 25 O'R. THAMBO AVE  
POTCHEFSTROOM, 2520



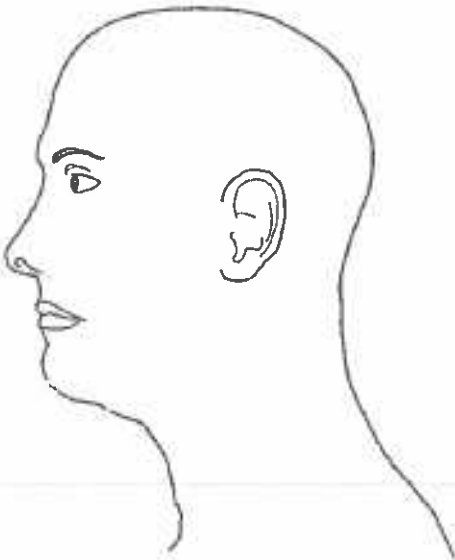
# ANNEXURE A



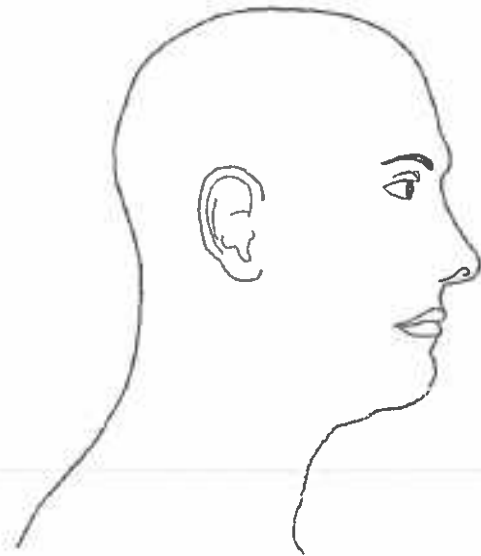
FRONT



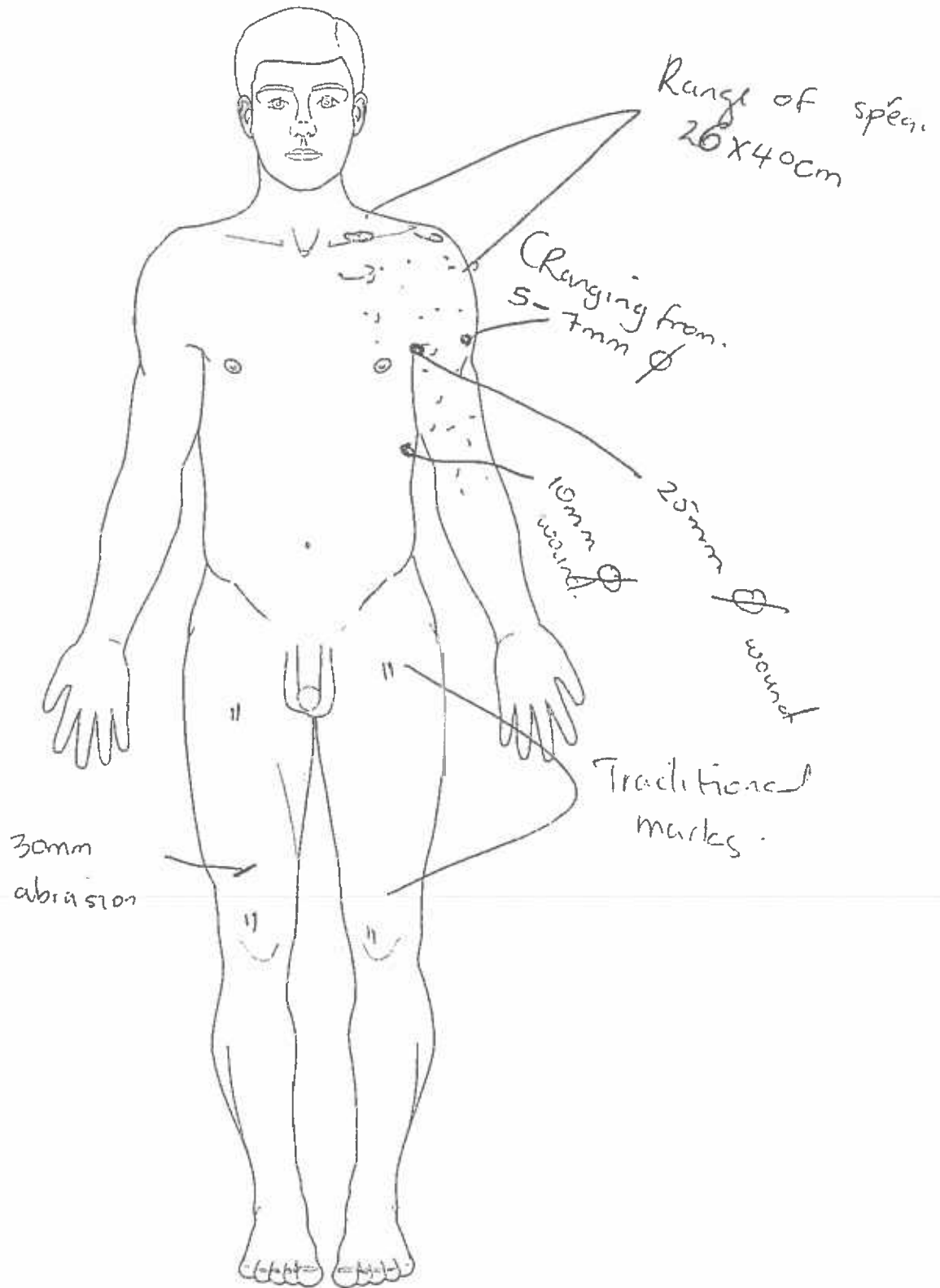
BACK



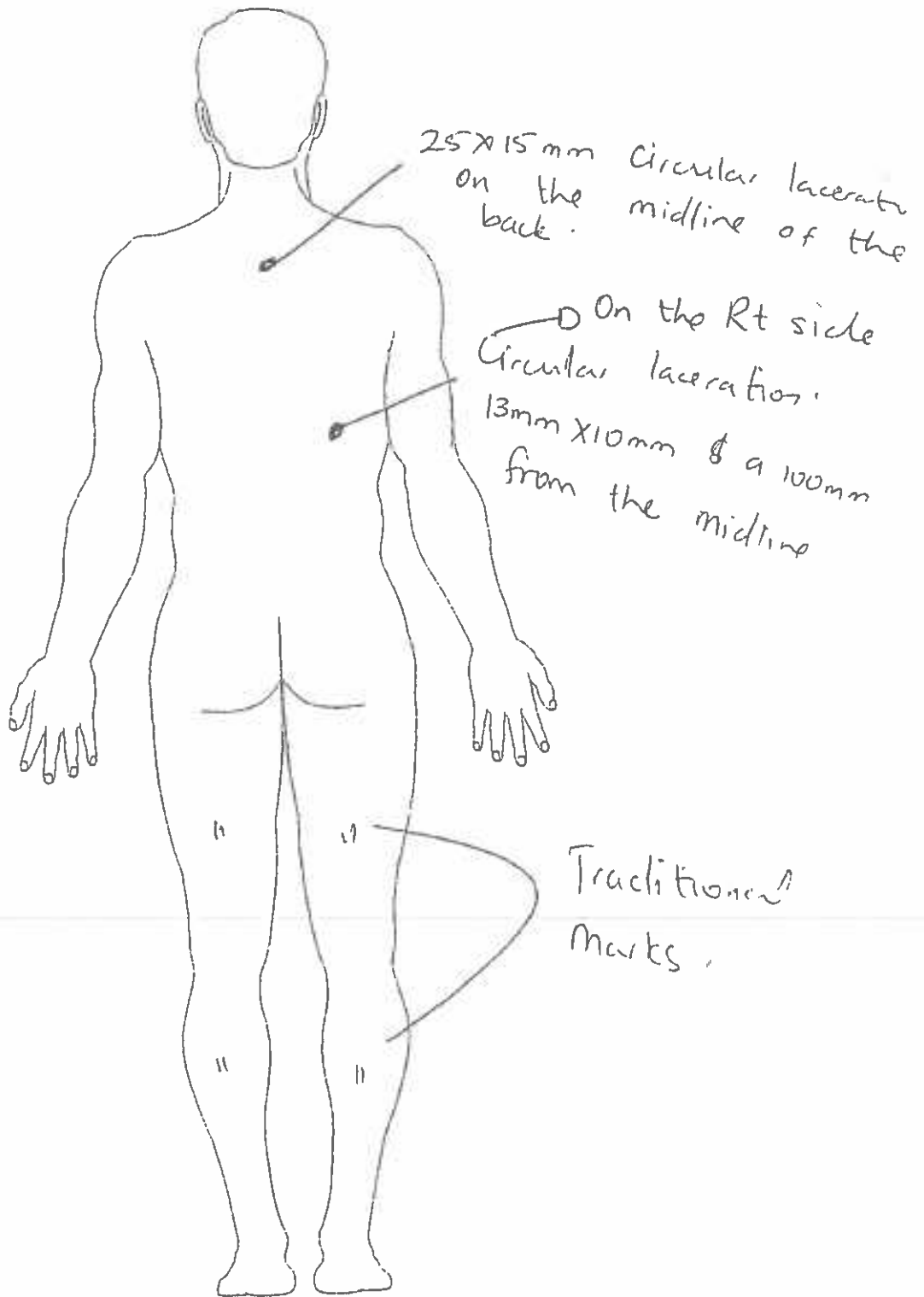
SIDE



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



Examination of DR 580/12  
on 22/08/12  
By Dr Janet Young

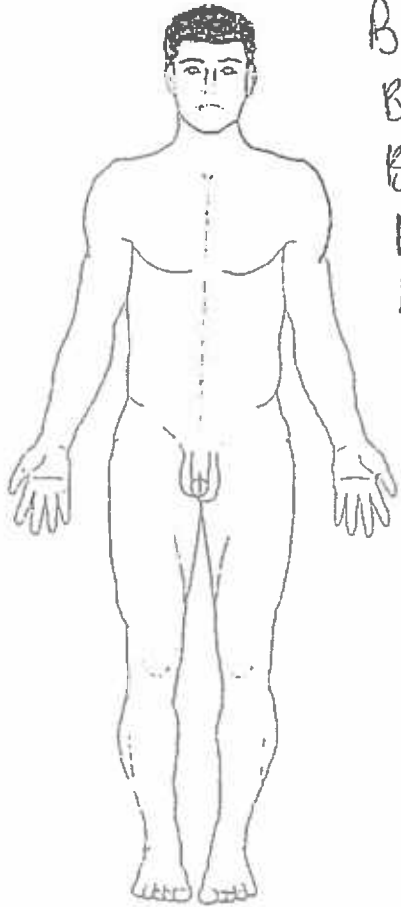


PM NO.: DR 560/12 DATE: 22/08/12

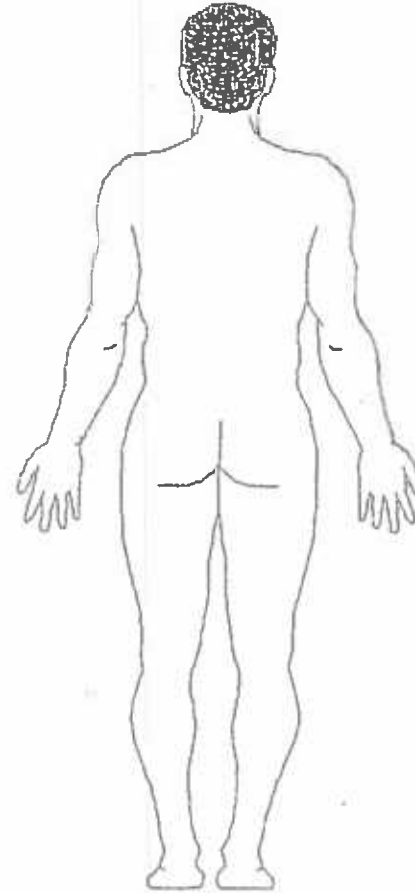
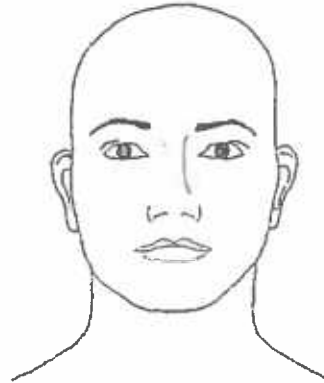
DISSECTOR: Mr Noko (Rustenburg)

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

082000



Brown track pants  
Black jersey  
Black T-shirt  
Black shoes  
Brown socks  
Blue underwear



HEART:	(N)
LL:	
RL:	
LIVER:	(N)
SPL:	(N)
LK:	(N)
RK:	(N)
BRAIN:	(N)

(taken)



IDENTIFIED BY:

DNA/OTHER KITS: [P1A5000486908]

BLOOD ALCOHOL: FA Pmk070599/600

STOLOGY: \_\_\_\_\_

TOXICOLOGY TX 000150

ATTENDING PM: \_\_\_\_\_

Stomach contents

Bile  
Urine



Gursha

DOODSONDERSOEKDOSSIER - POST MORTEM DOCKET

STAATSKHEIS  
GOVERNMENT MORTUARY

Mollen

De Korte

JAARLIJKE REKSNOMMER VAN  
ANNUAL SERIAL NO. OF

Register van Sterfgevallen (SAP)  
Register of Deaths (SAP)

Register van Natuurlike Sterfgevallen  
Register of Natural Deaths

Staatstoeletoelating  
Station reference No.

Melina

Naam van dooier  
Name of deceased

Bonginkos Ngwa

SAP  
S. Branch

De Korte

Opdragingsbetreffende bevestiging van dood  
Instruction for the post-mortem

ANTWOORD DATUMSTEMPEL  
OFFICE DATE STAMP

Handtekening van Bevelvoerder van Mortuarie  
Signature of Commander of mortuary

Volledige kolom van verslaekte registers  
Complete column of applicable registers





DR580/12.

MEMBERSHIP: No 1138864  
 NATIONAL UNION OF  
 MINeworkERS

YONA  
 BONGINKOSI

1980-12-06  
 2002-04-19

SOUTH AFRICA




ISSUED BY AUTHORITY OF THE  
 DIRECTOR-GENERAL  
 HOME AFFAIRS

XOLO  
 ZIBONGILE LIBRAHIM

1983-03-23  
 2004-03-01

SOUTH AFRICA



ISSUED BY AUTHORITY OF THE  
 DIRECTOR-GENERAL  
 HOME AFFAIRS

000293



SOUTH AFRICAN POLICE SERVICE

Body number IR580/12

**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 Bonginkosi yona

to .....  
of .....

Place Phokeng

Date 2012-08-20

(Signature of next of kin or other authorised person)

Address .....

(Tel. No. 073 7800 506)

**PART B**

**ACKNOWLEDGEMENT OF RECEIPT**

I certify having received the body of .....

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

Place .....

Date .....

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

Address .....

(Tel. No. ....)







SOUTH AFRICAN POLICE SERVICE

IDENTIFICATION OF BODY

\*Station/Government Mortuary Prokery \*CAS/CR/Serial No. De 580/201

In printing Zibongile Libhahm Xolo

Identity number [redacted] \*an/a \*adult/minor \*White/Black/Asian/Coloured \*male/female residing at [redacted] 3996

On 20/08/2012 \*State under oath/confirm Prokery 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 BONGINKOSI YONA

Particulars of deceased:

1. Identity number [redacted] 2. Date of birth 1980/12/06

3. Residential address [redacted] VILLAGE [redacted]

4. Employed at EASTERN PLATINUM

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.....

"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 Prokery (place) on 20/08/2012 (date) at..... (time).

[Signature]  
(Signature) Commissioner of Oaths

Full first names and surname Tshepo Sekhufu  
Business address (Street address of Police Station) Aluma Section

Designation (rank) Manager South African Police Service

\*Delete and initial words not applicable.

