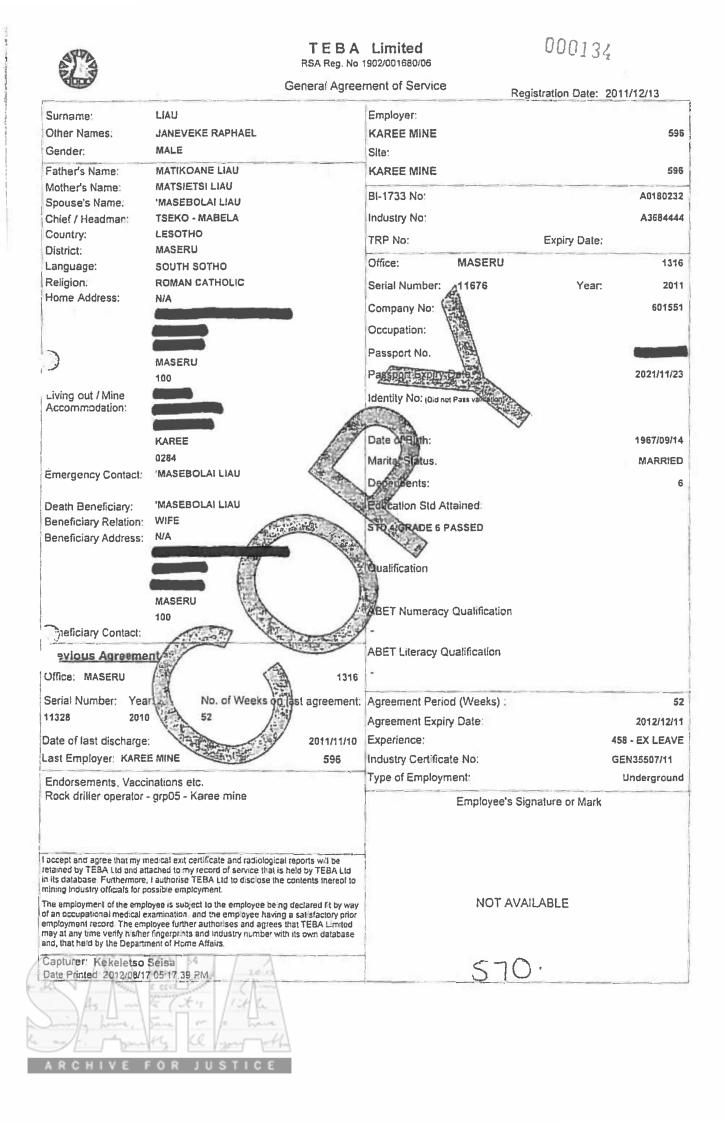


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Kamano - Relationship		ANE/ ANE/	EVEK
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Signature of bearer	Signature of Passport Officer		<rap< td=""></rap<>
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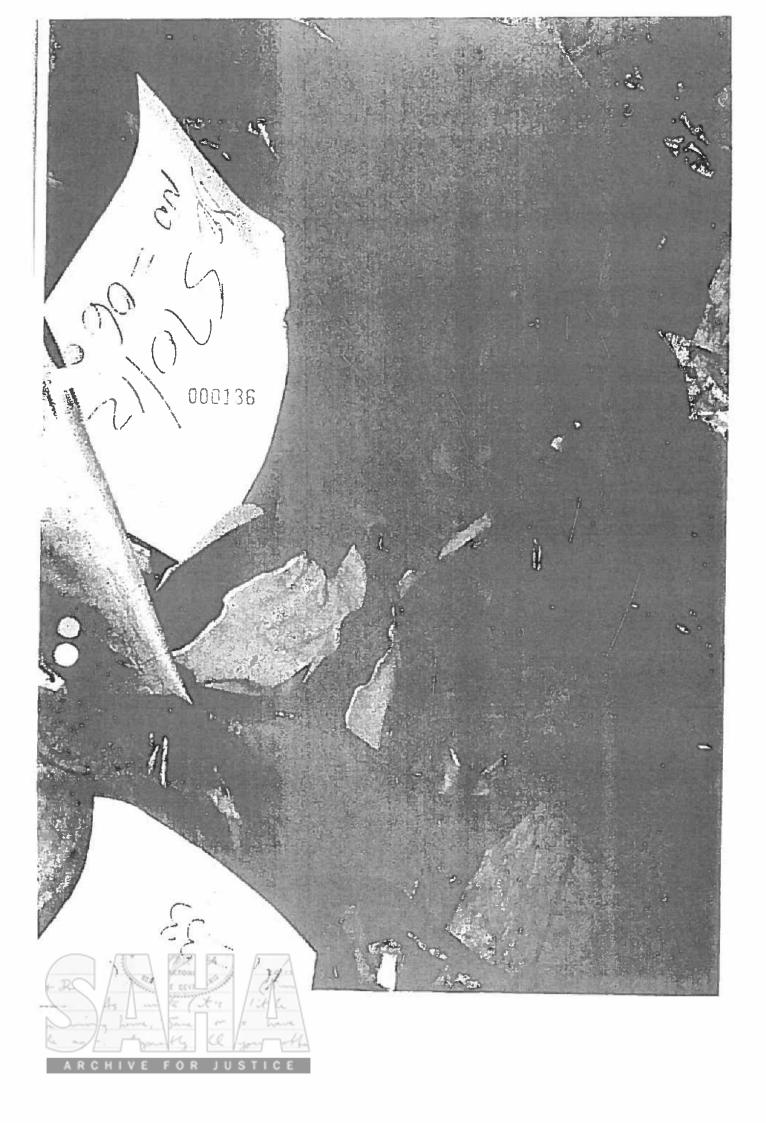




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	UUUIJJ SAPS 377
	SOUTH AFRICAN POLICE SERVICE
	DIDENTIFICATION OF BODY
	Mara la De 12a
	*Station/Government Mortuary
	In printing
	Identity number
	male/female/residing at State under oath/confirm
	t identified the body of a *White/Black/Acian/Coloured *male/female to *medico legal assistant
9	as being that of JANEVEKE FAMARE FIAC
	Particulars of deceased:
	1. Identity number 2. Date of birth 1967/09/14
	3. Residential address BELO - MABLEA WAKELY LESOMO
	4. Employed at fttler Winke
	5. Relationship to deponent
	7. Name and address of *residence/employment of deceased's *husband/wife/lather/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."
)	 I know and understand the contents of this declaration. t have objection/no objection to taking the prescribed oath. I consider the prescribed oath to be binding/not binding on my conscience.
	Signature/thumb print/mark
	I certify that the deponent has acknowledged that he she knows and understands the contents of this declaration which was swom lo/affirmed before the and that the deponent's signature/thump print/mark was
	placed thereon in my presence, at MOCCH (place) on O8 201 (date)
	at(time).
	h XA X
	Signature) Commissioner of Oaths
	Full first names and surname Onset To Schuye
	Business address (Street address of Porice Stafiun) A Street - Section
	propent
	RAD alla
	Designation (rank)
	"Delete and initial words not applicable.
- 2 (vettalore	As have the of the
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A F	RCHIVE FOR JUSTICE



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AL 2014 MA		70/12 83/BI-1663
AT/	REPUBLIC OF SOUTH AFRICA DC S DEPARTMENT OF HOME AFFAIRS	Page 1
	NOTIFICATION / REGISTER OF DEATH / STIL	LBIRTH
	1992 (Act No. 51 of 1992)	are for Bor Code
	leted in black ink (please tick 🗸 where applicable) SERIAL No:	
Please refer to FILE No:	50/12 DATE: 2012 08 22. A0.7501070	999
A PARTICUL	ARS OF DECEASED INDIVIDUAL	Date of birth
Identity number of deceased	Date of death	Age at last
Surname Maiden Name		birthday
(If female) Forenames	ROPHAEL JANEVELE	If death occurred within 24 hours after birth
		number of hours alive
MARITAL ST.	ATUS OF DECEASED Single Civil Marriage Living as married Widowed Religious Law Marriage Divorced Customary Marriage	111
DI ACE OF PIPT	H (Municipal district or country if abroad)	ab pri
1	TH (City / Town / Village)	of deceased
CE REGIST	RATION OF DEATH	2
	F DECEASED	
Identity number		2
Initials and Suma		Left thumb print of informant
Relationship to de	recased Parent Spouse Child Other kin Other (specify)	î thun finfo
Postal address		Let V
		Dialling
	in of the deceased a Yes No Refuse to	Code
smoker" during th	answer	Telephone No.
C PARTICUL	ARS OF FUNERAL UNDERTAKER	fice Stamp of Funeral Undertaker
Initials and Surna		
D Bation No.	Place of burial / cremation	
Data	Signature	
D. CERTIFIC	CATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE Post	a) address
of my knowledge	d, hereby certify that the deceased named in Section A, to the best and belief, died solely and exclusively due to NATORAL CAUSES,	
	, am not in the position to certify that the deceased died exclusively	
due to natural cause Initials and Surnar		
Date Signed	Signature	SAMDC / SANC Rcg. No.
D.2 CERTIFIC		al address
the body of the pe-	hereby certify that a medicolegal post-mortein examination has been conducted on rison whose particulars are given in Section A and that the body is no longer	TLENG STR
	pose of the Inquest Act, 1959 (Act No. 58 of 1959) and that the cause of death is.	
Initials and Surnar		
Place of		SAMDC Reg. No.
Mortuary	570 2012 Date signed 201 2 08 22 Signature UNICL.	SAMDC Reg. No.
E FOR OFFIC	IAL USE ONLY Initials and Surname or Registrar	Office Stamp
and Bur	tion of Death approved	
address	Force No./ Designation No.	
Postal	Persal No	
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Star De	DEPARTMENT OF HOME AFFAIRS	$P = \frac{3}{12} \frac{83}{BI - 1663}$
	NOTIFICATION / REGISTER OF DEATH / STIL	LBIRTH
(TD)	the entities are made and another in another inclusion of the second s	ace for Bar Code
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	leted in black ink (please tick 🖌 where applicable) - SERIAL No	
• Please refer to FILE No:DE S	Dinstructions 5つ0/12 DATE: 2012 08 22. A0 7501070	
A PARTICU	LARS OF DECEASED INDIVIDUAL	Date of birth
Identity number of deceased	Date of death	Age nt last
Surnaine Maiden Name		Sex MALE
(If female)		If death occurred within
Forenames	ENFHAEL JONEVERE	number of hours alive
MARITAL ST	ATUS OF DECEASED Single Civil Mutriage Living as married Widowed	
	Religious Law Marriage Divorced Customary Marriage	of deceased
1	'H (Municipal district or country if abroad). 'H (City / Town / Village)	thum
1	RATION OF DEATH	100
CI ZENSHIP O	F DECEASED	
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Initials and Surna	المترج مراجع المنابع ال	iumb in motion
Relationship to d	cceased Parent Spouse Child Other kin Other (specify)	left it
Postal address		
	Postal Code	Dialling
Was the next of k smoker* during th	in of the deceased a Yes No Refuse to answer	Telephone No.
Date	Signature	
C PARTICUL	ARS OF FUNERAL UNDERTAKER	fice Stamp of Funeral Undertaker
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Initials and Suma Designation No. Date D LERTIFIC 1. * indersigned of nowledge as specified in Set I, the undersigned due to natural cau		a) address
Initials and Suma Designation No. Date D	me Place of burial / cremation Signature CATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE Post A, hereby certify that the deceased named in Section A, to the best and belief, died solely and exclusively due to NATL/RAL CAUSES, ction G. , am not in the position to certify that the deceased died exclusively Ses. me Signature Signature	
Initials and Suma Designation No. Date D CERTIFIC I indersigned of nowledge as specified in Set I, the undersigned due to natural cau Initials and Suma: Date Signed D.2 CERTIFIC I, the undersigned, I the body of the pe	me Place of burial / cremation. Place of burial / cremation. Signature CATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE Postal I, hereby certify that the deceased named in Section A, to the best and belief, died solely and exclusively due to NATURAL CAUSES, thin G. Postal , am not in the position to certify that the deceased died exclusively sees. Postal Code me Signature Postal Code CATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST Postal Code rereby certify that a medicolegal post-mortem examination has been conducted on root particulars are given in Section A and that the body is no longer Postal	al address
Initials and Surna Designation No. Date D LERTIFIC 1. ' indersigned of nowledge as specified in Set I, the undersigned due to natural cau Initials and Surnat Date Signed D.2 CERTIFIC I, the undersigned, I the body of the pur	The provided and that the body is no longer pose of the Inquest Act, 1959 (Act No. 58 of 1959) and that the cause of death is:	al address
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Initials and Surna Designation No. Date D	me Place of burial / cremation. Place of burial / cremation. Signature CATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE Postal I, hereby certify that the deceased named in Section A, to the best and belief, died solely and exclusively due to NATURAL CAUSES, ition G. Postal Code I, hereby certify that the deceased named in Section A, to the best and belief, died solely and exclusively due to NATURAL CAUSES, ition G. Postal Code I, an not in the position to certify that the deceased died exclusively sees. Postal Code me Signature Postal Code CATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST reserve y certify that a medicolegal post-mortem examination has been conducted on rson whose particulars are given in Section A and that the body is no longer pose of the Inquest Act, 1959 (Act No. 58 of 1959) and that the cause of death is: ESUE A N. H. M. whas indicated in Section G) Unnatural Under investigation Postal Code me Date Date Date Date Date	al address SAMDC / SANC Reg. No. al address T L E NC E T P A 0 36 3 0 449 , SAMDC Reg. No
Initials and Surna Designation No. Date D	mc Place of burial / cremation. Place of burial / cremation. Signature CATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE Postal I, hereby certify that the deceased named in Section A, to the best and belief, died solely and exclusively due to NATURAL CAUSES, included exclusively Postal I, hereby certify that the deceased named in Section A, to the best and belief, died solely and exclusively due to NATURAL CAUSES, included exclusively Postal I, am not in the position to certify that the deceased died exclusively Postal Code Ses. Signature. Postal Code CATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST Postal Code CATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST Postal Code resety certify that a medicolegal post-moterm examination has been conducted on reson whose particulars are given in Section A and that the body is no longer pose of the Inquest Act, 1959 (Act No. 58 of 1959) and that the cause of death is: Postal Code uh as indicated in Section G) Unnatural Under investigation Pustal Code nc K H A Section R Pustal Code nc K H A Section R Pustal Code Signature nc K H A Section R Pustal Code	al address SAMDC / SANC Reg. No. al address $T \ L = NC \ T \ R$ $A \ D \ C \ C \ C \ C \ C \ C \ C \ C \ C$
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Initials and Surna Designation No. Date D CERTIFIC I indersigned of nowledge as specified in Sec I. the undersigned due to natural cau Initials and Surna: Date Signed D.2 CERTIFIC I. the undersigned. I the undersigned D.2 CERTIFIC I. the undersigned. I the undersigned Initials and Surnau Natural (Cause of De Initials and Surnau Place of post-morter	mic Place of burial / cremation Signature Signature CATE BY ATTENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE Post A, hereby certify that the deceased named in Section A, to the best and belief, died solely and exclusively due to NATURAL CAUSES, Post A, hereby certify that the deceased named in Section A, to the best and belief, died solely and exclusively due to NATURAL CAUSES, Post A, mon to the position to certify that the deceased died exclusively sets. Postal Code Signature Signature CATE BY DISTRICT SURGEON / FORENSIC PATHOLOGIST Postal Code nee whose particulars are given in Section A and that the body is no longer pose of the Inquest Act, 1959 (Act No. 58 of 1959) and thut the cause of death is. Postal Code ath as indicated in Section G) Unnatural Under investigation Postal Code nee KIK H_LATSE Postal Code Postal Code Postal Code Signature Date Date Signed Date Signature Postal Code ALL USE ONLY Initials and Surname or Registrar Signature Signature Mulful L Ind Order issued Force No./ Force No./ Force No./ Force No./	al address SAMDC / SANC Reg. No. al address $T \ L = NC \ T \ R$ $A \ D \ C \ C \ C \ C \ C \ C \ C \ C \ C$
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NOTIFICATION / REGISTER OF DEATH / STILLBIRTH INFORMATION FOR MEDICAL AND HEALTH USE ONLY	- 1603
	ige 2
(After completion seal to ensure confidentiality)	
Space for Bur Code	
• Must be completed in black ink (please tick v where applicable) SERIAL No • Please refer to instructions FILE Noce 570/12DATE: 2012.08.22 A07501070	
F DEMOGRAPHIC DETAILS	
Initials and Surname of deceased	
Identity number	
PLACE OF DEATH I. Hospital: (Inpatient ER / Outpatient DOA) 2. Nursing Home 3. Home]
4. Other (Specify)	
FACILITY NAME: (If not an institution, give street name and number	and the second second
USUAL RESIDENTIAL ADDRESS OF DECEASED (Where someone lived on most days)	
Street name and number	
Name of Plot, Farm, etc. St.) / Village	
France / 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 Gr9 Gr10 Gr11 Gr12 Univ Form Form Form Form Form Form Tech	CODE
1 2 3 4 5 NTC1 NTC2 NTC3	
USUAL OCCUPATION OF DECEASED TYPE OF BUSINESS / INDUSTRY (e.g. Mining, Farming etc.) (give type of work done during most of working life. Do not use "retired". Refer to instructions.	

Was the deceased a smoker" five years ago? () Yes Do not know Not applicable (minor)	
T 1 Enter the disease, injuries or complications that caused the death. Do not enter the mode of dying, between onset and Death USE	OFFICE ONLY D-10
IT 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) USE IMMEDIATE CAUSE (Final disease (a) FEEFORATING CUNSTON WCMOND Image: Constant of the constant	ONLY
It 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) USE IMMEDIATE CAUSE (Final disease or condition resulting in death) (a) FEEFORATING CUSSION (Consequence of) USE	ONLY
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DEPARTMENT OF HEALTH

FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: DR57F 1/2

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

I. E. Mountain 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): $To X_1 Co L \pi S Y$

F.O MCGAKARE

3

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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 <u>LAB</u> officer REF: <u>IX 2435/12 - 7x 2438/12</u>

The $\frac{Pox}{T}$ was sealed with the official seal no $\frac{T \times Pool34}{T}$

- 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

1------S--F.O.

000141

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

Place: Ga-Rankuwa FPS Date: 2012/09/10 C.F.O MAJLON ZACHARAD MOLOZO 6543 KGOTLENG STREET, GA-RANKUWA NAME ADRESS : CHIEF FOREmsil OFFILER RANK



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

I. E. M. culture under oath:-000142

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

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

From DR 1

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

On $Z - z = \sigma^2 - Z^2$ I handed the above exhibit (s) to the ______ officer REFITX 2435/12- 5x 2438/12

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

- 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 MUL MA MOLOJS Date 2012/09/10 MUL MA MOLOJS C.F.O MATLON LACHAND MOLOTO NAME 6543 KGOTLENG STREET, GA-RANKUWA ADRESS : : CHIEF FOREMSIL OFFICER

RANK

DEPARTMENT OF HEALTH

FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO DE 57.9 1/ 2

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

I, E MAAURELA. _____declare under oath:-

000143

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

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

From FO MOGAKANE

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

On 2012 - @8 - 27 I handed the above exhibit (s) to the <u>ABVE APP</u> officer REF! fm 3839/12

The Ale was sealed with the official seal no Pink 070591

- 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

3

______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 WW m2 Mow 00

NAME 6543 KGOTLENG STREET, GA-RANKUWA **ADRESS** .

RANK



DEPARTMENT OF HEALTH

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

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

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

In the performance of the official duties in connection therewith and on $\frac{1}{1-\sqrt{2}} = \frac{1}{\sqrt{2}} I$ received the following exhibit (s): $\sqrt{2} \sqrt{2}$

From DR F D Miniskare

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

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The was sealed with the official seal no 2000 571

- I. 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

3

3

<u>S-F.O.</u>

000144

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

Place: Ga-Rankuwa FPS Date: 2012/09/12 Mm 2 M C.F.O -

NAME : ADRESS : 6543 KGOTLENG STREET, GA-RANKUWA

RANK



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Post Mortem Toxicology Referral Form (PLE)				
Mortuary PHOKENG Reference $570/12$	Priority Status:	Urgent	Routine	bonsie
(DR, PM-or 570 /12			X	000145
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	provide reason			
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Date of death				
Was the deceased hospitalized before his/her	r death? Yes		No	
If YES, please indicate the following:	Geanit 1165		140 1	
angth of hospitalization:		/		
			1	
Were toxicological analysis performed	Yes	No	Unsure	
On blood in hospital?				J
If <u>YES</u> , please list results:	/ /			
Were any drugs administered during admission in	n Yes	No [Unsure	
hospital?				
If YES, please list drugs.				
Clinical History Age Ri	ace IES	Sex Male	Female	
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ARCHIVE FOR JUSTICE

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Forensic Pathology Service: GA-RANKUWA: POST-MORTEM NO: DR PHOKENG 570/12

AFFIDAVIT IN TERMS OF SECT 12(8) ACT 51 OF 1977 AS AMENDED:

I, MATLOU ZACHARIA MOLOT _____ declare under oath:-

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

In the performance of the my official of the connection therewith and on 2012 / 08/22 I received the following Bullet(s) from ______ MOGAKANE

1. One bullet with Official seal no (PA6000201815F)

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

On 20/2-108 128 I hande I have bullet(s) to SAPS Photographer

No 7184464-3 Rank Constable Name M.2 Ma

000146

- 1. I know and understand the conof this declaration.
- 2. I have no objection to taking the mescribed oath.
- 3. I consider the prescribed oath to whinding on my conscience.

Place: FPS Ga-Rankuwa

)

(MM)m2 m02070

Signature of Chief Forensic Officer

declaration which was sworn to before presence.

I certify that the deponent has acknow in that he/she knows and understands the contents of this and the deponents signature was placed thereon in my

Place: Ga-Rankuwa FPS Date: 20/2/28/28

(Signature)

NAME	:	LUCAS MEN	WA MAHLANGU
ADRESS	:	6543 KGOTL)	TREET, GARANKUWA
RANK	:	ASSISTAN	RECTOR





000147

Forensic Pathology Service: GA-RANKUWA: POST-MORTEM NO: DR PHOKENG 570/12

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

I, MATLOU ZACHARIA MOLOTO declare under oath:-

I am a <u>Chief Forensic Officer</u> 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

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 <u>20> /Ů</u> / <u>3 0</u>	I hande	d the above specimen(s) to the	investigating	officer
No POGULOIO	Rank	d the above specimen(s) to the	Erence	Motering

SIGNATURE OF I/O

The Dna was sealed with the official seal no (PA 5000486911)

1. I know and understand the contents of this declaration.

2. I have no objection to taking the prescribed oath.

3. I consider the prescribed oath to be binding on my conscience.

Place: FPS Ga-Rankuwa

Signature of Chief Forensic Officer

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

Place: Ga-Rankuwa FPS Date: 202 1-8 30 .

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NAME LUCAS_MENZELWA MAHLANGU : 6543 KGOTLENG STREET, GARANKUWA ADRESS : RANK ASSISTANT DIRECTOR 2



REPUBLIC OF SOUTH AFRICA

DEATH REGISTER NO DR571/2012 PHOKENG

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MEDICO LEGAL POST-MORTEM REPORT

AND

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

I, ZWITWABU SHARON LUKHOZI

BSc, MBchB (MEDUNSA) Dip. For. Med (SA) Path, FC For. Path,

Dept. of Forensic Medicine, Box 127, MEDUNSA, 0204 Tel No.: (012) 5215638, Fax No.: (012) 5600161

state under oath:

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I am in the service of the Government as a **Medical Specialist** in the Department of Forensic Pathology at the University of Limpopo (MEDUNSA Campus).

- At the Ga-rankuwa Medico-legal Laboratory (Mortuary), on August 21, 2012 commencing at 08:30, I examined the body of AN ADULT BLACK MALE marked DR571/2012. I recorded my findings which facts I ascertained by means of an examination requiring skill in biology, anatomy and pathology.
- 2. The body marked DR571/2012 was identified to me by P T Sekhuthe of Phokeng FPS.
- 3. Death as informed, occurred on August 16, 2012, at ±16:00.
- 4. The chief post-mortem findings made by me on the body were:

An adult black male with a distant gunshot entrance wound below the right eye, with associated fracture through the base of skull and injury of the left hemisphere of the brain. An associated large gunshot exit wound is present on the left parietal-temporal aspect of skull. No projectile is recovered during autopsy.

5. That as a result of my observations I concluded that the cause of death was:

PERFORATING GUNSHOT WOUND THROUGH THE HEAD WITH SKULL AND BRAIN INJURY



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DEATH REGISTER NO DR571/2012 PHOKENG

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SCHEDULE OF OBSERVATIONS: GENERAL

1.	Height: 1.67m	Mass: 45kg
	Physique: Thin	Nutrition: Good

- 2. **Special identifying features**: There is a 2 cm diameter round scar on the left anterior thigh.
- 3. Secondary post-mortem changes: The body is mechanically cooled, there are early decompositional changes.
- 4. External appearance of body and condition of limbs: see attached annexure A
 - At the commencement of autopsy the deceased is dressed in grey sweater, black polo neck, black and cream striped T-shirt, black T-shirt, black striped pants, black shoes, black socks, green and black underpants, red tie used as a belt. A red towel covers the chest.
 - 2. A 1 x 1 cm distant gunshot entrance wound with a collar of abrasion is present on the zygomatic aspect the face± 2cm below the right eye. There is associated gunshot injury to base of skull and brain. A massive associated 4 X 3 cm irregular gunshot exit wound is also present on the left side of the parieto-temporal aspect of the scalp 4cm above the pinna of the left ear.
 - 3. The trajectory of the projectile is from right side of the face to the left parieitotemporal aspect of the head with associated skull and brain injury.
 - 4. There are recent traditional healer marks on the anterior chest.

HEAD AND NECK

- 5. Skull: There is massive comminuted fracture of the base of skull which is severe on the left frontal aspect. A large gunshot skull defect measuring 4 x 3 cm is present on the left parieto-temporal aspect of the skull and scalp.
- 6. **Brain**: There is a diffuse subdural haemorrhage. A gunshot laceration is present of the left basal aspect of brain. Extensive cortical contusions are present on the right basal aspect of brain.
- 7. Orbital, nasai and aural cavities: Intact, not dissected.
- 8. Mouth, tongue and pharynx: There are no abnormalities noted.
- 9. Neck structures: There are no abnormalities present.

CHEST

- 10. Thoracic cage and diaphragm: The ribs and sternum are intact. The diaphragm is intact.
- 11. Mediastinum and oesophagus: Oesophagus is intact and shows no



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12. Trachea and bronchi: There is blood present.

macropathology. Mediastinum is unremarkable.

- 13. Pleurae and lungs: Intact with anthracosis, background decomposition and autolytic change. Fibrous plaques are noted on the visceral pleural of both lungs.
- 14. Heart and pericardium: The pericardium, myocardium, valves and major coronary vessels are within normal limit.
- 15. Large blood vessels: There is no abnormality present.

ABDOMEN

16. **Peritoneal cavity:** There are no abnormalities present.

- 17. Stomach and contents: Intact and empty.
- 18. Intestines and mesentery: Autolytic and decomposition change. Show no abnormalities on external examination. The intestine was not opened.
- 19. Liver, gall-bladder and biliary passages: intact with no injury background decomposition/autolytic change.
- 20. Pancreas: Intact with no injury, with autolytic/ decomposition change.
- 21. Spleen: Intact with no injury, with autolytic decomposition change.
- 22. Adrenals: Unremarkable.
- 23. Kidneys and ureters: Intact and pale with autolytic change.
- 24. Urinary bladder and urethra: Intact and small amount of clear urine.
- 25. Pelvic walls: Intact with no fractures.
- 26. Genital organs: Normal male genitalia.

SPINE

- 27. Spinal column: Intact with no fractures
- 28. Spinal cord: Not exposed.

SPECIMENS SENT FOR FURTHER INVESTIGATION

 Blood for alcohol content determination was withdrawn from the femoral vessels with a syringe and transferred to a bottle which had been removed from a polystyrene container, after a string with a metal seal no PMK071152 was cut. Both the tube and the container were marked DR571/2012. After placing the bottle into



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DEATH REGISTER NO DR571/2012 PHOKENG

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the polystyrene container, the container was resealed with a new piece of string and a metal seal no PMK071151 and handed to B Mogakane of Garankuwa FPS

- Buccal swap for DNA taken with seal no PA5000686902 and handed B Mogakane of Garankuwa FPS
- Lung and heart block removed for further examination and handed to B Mogakane of Garankuwa FPS

TOXICOLOGY

The stomach and contents, liver, urine and blood were placed in a plastic box marked DR571/2012 and sealed with seal no. TX001198. The box was handed to B Mogakane of Garankuwa FPS

ADDITIONAL OBSERVATIONS

No projectiles recovered during autopsy.

The following persons are present at this autopsy session:

- Const N N Khonza from Brits LCRC.
- Colonel Botha from Ballistics Silverton Pretoria.
- Chris Vorster from IPID

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

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

ZWITWABU SHARON LUKHOZI Medical Specialist BSc, MBChB (MEDUNSA) Dip. For. Med (SA) Path, FC For. Path,

Place: Ga-Rankuwa FPS Date: 1910712012

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



DEATH REGISTER NO DR571/2012 PHOKENG

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21102070 COMMISSIONER OF OATHS Full Name (in BLOCK letters): MAILOY ZACHARIA MOLOTO

Business Address (In BLOCK Letters):

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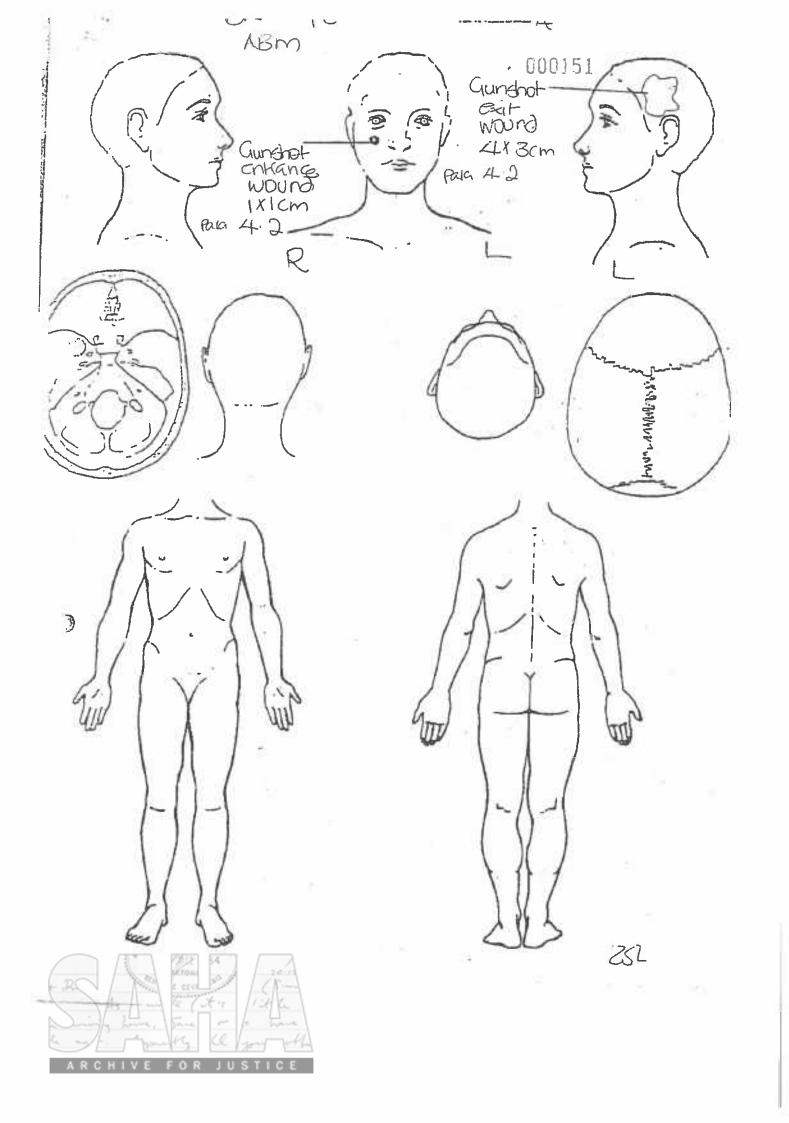
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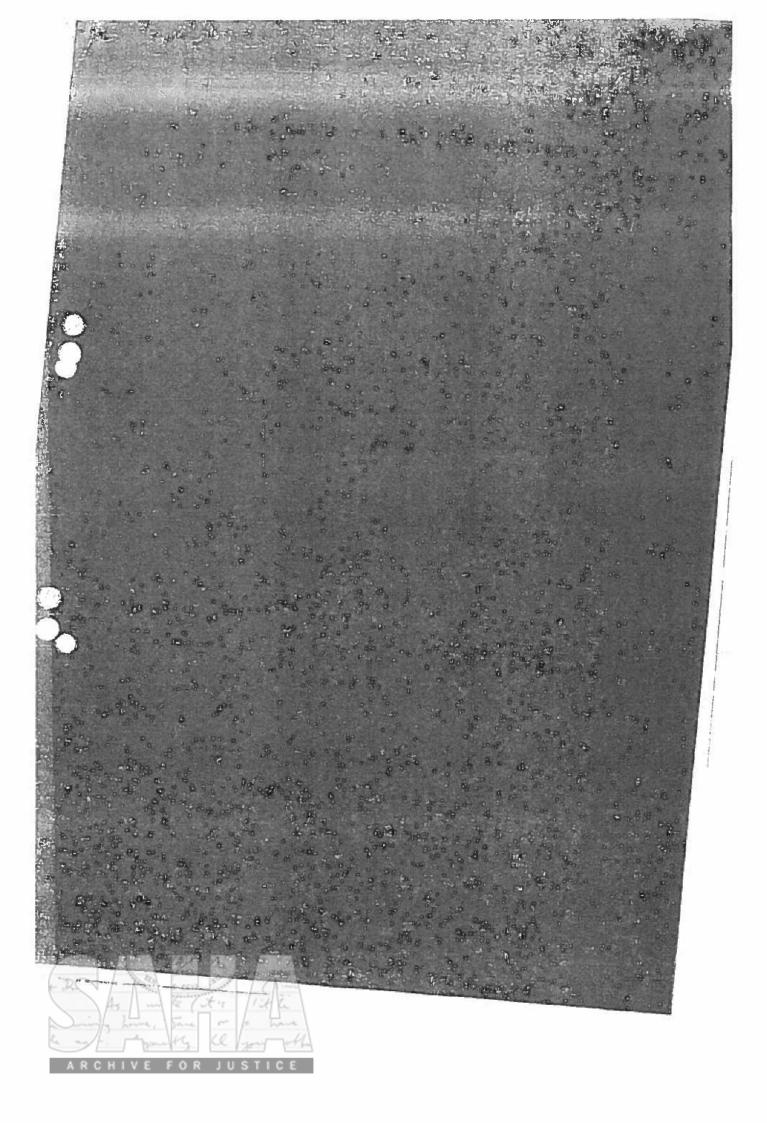
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6543 Kgotleng Street Zone 5 Ga-rankuwa 0208

Designation (Rank): EFD







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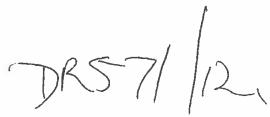
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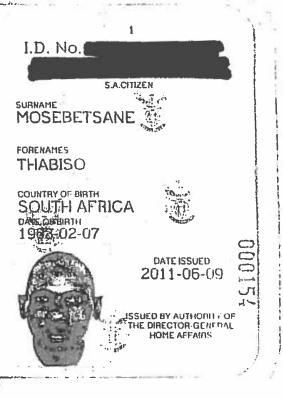
NOTICE OF PERSONAL PARTICULARS

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1. Any changes to the personal particulars in your ID Book must be communicated to all relevant parties.

NOTICE OF CHANGE OF ADDRESS

- Keep the NOTICE OF CHANGE OF ADDRESS' form in this pocket to report a: change of address or a change in particular of your present address e.g. name of street and/or street number etc.
- 2. Hand in at or post to the nearest regional/district office of the DEPARTMENT OF HOME AFFAIRS



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FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: 12571 112

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

I. E MANUTELA declare under oath:-

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

In the performance of the official duties in connection therewith and on $\frac{2012-58}{21-1}$ received the following exhibit (s): ALC

From BR FR MOGAKANE 53

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

On $Z_{O,Z} - v S - 27$ I handed the above exhibit (s) to the Labreau officer REF! Pm 3834/12

The ALC was sealed with the official seal no Prok 071151

- 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.

000150

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 MA7LOU ZACHAGIA MOLOTO 6543 KGOTLENG STREET, GA-RANKUWA Date: 2012/09/10 NAME ADRESS : CHIEF FOREmsic OFFICE

RANK



ADIETI HE FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO:

AFFIDAVIT IN TERMS OF SECTION 212(6) ACT 51 OF 1977 AS AMENDED:

I. C. 127. 2 9017 Eliz declare under oath:-

000151

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 Transferred and the second se received the following exhibit (s): 7125

DR FC Magabans From

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

On $2\pi/2 - \pi^2 - 2\pi$ I handed the above exhibit (s) to the $f = 2\pi/2^2$ officer REF! $f = 2\pi/2^2 + 4\pi/2^2$

The <u>Print</u> was sealed with the official seal no <u>Print</u> (7115)

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

Place: FPS Ga-Rankuwa 3

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C-----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) Millima 17.00070 C.F.O NAME : NIFETLOW ZHCHARD MODERS 6543 KGOTLENG STREET, GA-RANKUWA ADRESS \$: CHIEF FOREnsic Of Fiche

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FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO 4R-S7/ 1/2

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

I, E- MANGAPESTA declare under oath:-

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

In the performance of the official duties in connection therewith and on 2012 - 08 - 21. I received the following exhibit (s): $T \sigma \mathcal{Y} I C \sigma L \sigma \mathcal{G} \mathcal{Y}$ F, \mathcal{D}

& From DR MEGONE

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

On $2\pi/z - \omega_{3}^{2} - Z_{7}$ I handed the above exhibit (s) to the <u>195</u> officer REFLTX <u>2439/12</u> - <u>7x2439/12</u>

The $\frac{1}{2}$ was sealed with the official seal no 1×0.01199

- 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

000163

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 NULL M2 MO LO70 C.F.O Date: 2012/09/10 MAILON ZACHARIA MOLOID NAME 6543 KGOTLENG STREET, GA-RANKUWA ADRESS CHIEF FORENSIL OFFILER : RANK



A AND A WARLEYSLILL

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FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: 77/ 77/ 77/

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

I. C. declare under oath:-

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

In the performance of the official duties in connection therewith and on $\frac{2\pi i 2 - c - 2i}{F \cdot C}$ I received the following exhibit (s): $F \circ V i C \circ L \circ S'$

From DR-

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

On $2 \Box_{17} - \Box_{17} - \Box_{17} = 27$ I handed the above exhibit (s) to the <u>1</u>-officer REFLTX 2437/12 - Tx2437/12

The was sealed with the official seal no 196 p 11 73

- I know and understand the contents of this declaration. 1.
- 2. I have no objection to taking the prescribed oath.

I consider the prescribed oath to be binding on my conscience. 3.

Place: FPS Ga-Rankuwa

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

S-F.O.

RANK





Forensic Pathology Service: GA-RANKUWA: POST-MORTEM NO: DR PHOKENG 571/12

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

I, MATLOU ZACHARIA MOLOTO declare under oath:-

I am a <u>Chief Forensic Officer</u> 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 f. g. h700 Filtere

One DNA swab specimen(s)

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

On 20 08 30 I handed the above specimen(s) to the investigating officer No 7C644 10 Rank Tovertier Isr Name concertainty

SIGNATURE OF I/O

The Dna was sealed with the official seal no (PA 5000486902)

- 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

nature 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: 20.8 / 3.0 / ____.

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111-11

NAME : <u>LUCAS MENZELWA MAHLANGU</u>

ADRESS

RANK

6543 KGOTLENG STREET, GARANKUWA ASSISTANT DIRECTOR

G.P.-S

REPUBLIC OF SOUTH AFRICA

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MEDICO LEGAL POST-MORTEM REPORT AND

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

I, KEVEN KHAZAMULA HLAISE, (MBchB, DTM&H, Cert. Med & Law, Dip. For Med, FC For. Path. Dept. of Forensic Medicine, Box 127, MEDUNSA, 0204. Tel No.: (012) 5214311, Fax No.: (012) 5600161),

State under oath:

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

- 1. At the GA-RANKUWA Medico-legal Laboratory (Mortuary), on August 22, 2012 commencing at 15h45, I examined the body of a BLACK MALE ADULT marked DR No. PHOKENG 572/2012. I recorded my findings which facts I ascertained by means of an examination requiring skill in biology, anatomy and pathology.
- 2. The body marked DR No. PHOKENG 572/2012 was identified to me by Mr. P. T. Sekhute (Persal Number 05219787), a facility manager at Phokeng FPS.
- 3. Death, as informed, occurred on August 16, 2012. The time of death is unavailable.
- 4. The chief post-mortem findings made by me on the body were:
 - 1. A single perforating and shattering bullet wound through the right side of the head, entering in the middle of the back of the head, perforating and shattering the skull, the right occipital and temporal lobes of brain, the floor of the right posterior and middle cranial fossae and terminating within the soft tissues of the right side of face at level of the right eye where two bullet fragments were recovered. No signs of range of fire were present on clothes and wound. The features of this wound are consistent with those caused by a high velocity firearm.
 - 2. Two parallel fresh scarification marks on torso and limbs, mostly on joint areas.
 - 3. No other forms of injury other than the gunshot wound.
 - 4. Early decomposition present.
 - 5. Relevant specimens and exhibit collected are detailed at the end of this report.
 - 6. SAP stated that the deceased was shot.
- 5. That as a result of my observations I concluded that the cause of death was:

GUNSHOT WOUND OF THE HEAD



KKH

DEATH REGISTER NO DR N. PHOKENG 572/2012

SCHEDULE OF OBSERVATIONS:

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GENERAL

1. Height:	1.8 m	Mass:	70.4 kg
Physique:	Normal	Nutrition:	Adequate, see paragraph 4.

- 2. Special identifying features: Adult black male with a scar on right knee and a copy of identity document shows him to be Mr Mafolisi Mabiya, approximately 28 years old. At the commencement of the autopsy the deceased is wearing a pink bed sheet rapped around the neck and chest; a grey-black 'GISBORN EST 67' top; 'Kaizer Chiefs Vodacom' t-shirt; blue denim; orange 'Jockey' underpants; brown socks and a pair of 'Adidas' neon green and black sneakers. The denim is torn anteriorly at the knees and is bloodstained. There are no bullet holes of the clothes noted.
- 3. Secondary post-mortem changes: Body refrigerated. Flaccidity is present. There is early autolysis of all internal organs.

4. External appearance of body and condition of limbs:

- **4.1.** (Wound A): There is a 0.5 cm x 0.5 cm round-shaped penetrating bullet wound with a collar of abrasion in the middle of the back (acciput) of the head, 7 cm above the accipital hairline. There are no signs of range of fire on wound. This wound is consistent with an entrance wound.
- **4.2.** There are two parallel fresh scarification marks on torso and limbs, mostly on joint areas.
- 4.3. There are no other wounds on skin.
- **4.4.** X-Ray examination was performed before evisceration of organs and showed bullet fragments in a lead snow-storm appearance on the right side of the head with two relatively large bullet fragments lodged on the soft tissues on the right side of face at the level of right eye.
- **4.5.** <u>Track of wound A</u>: Wound A perforates and shatters the right side of the head in a back to front, downwards and slightly lateral direction. In its path, it perforates and shatters the middle of the occipital bones, the both occipital and right temporal lobes, the right posterior and middle cranial fossae, and terminates in the soft tissues on the right side of face at the level of right eye where two relatively large bullet fragments were recovered.
- 4.6. See diagram at the end of the report.
- 4.7. SAP 180 stated that the deceased was shot.

HEAD AND NECK

5. Head: There is diffuse subscalp hemorrhage mostly on the right hemisphere of scalp. There is a perforating and shattering bullet defect of the middle of the occipital bones with inner table beveling associated with extensive comminuted fractures with no outer table soot deposition. There is a relatively gross furrowing bullet perforation through the floor of the right posterior and middle cranial fossae with extensive bone fragmentation



DEATH REGISTER NO DR N. PHOKENG 572/2012

and associated comminuted fractures of right frontal, temporal and occipital bones together with extending crack fractures to the left occipital, parietal and temporal bones. The mandible is intact.

- 6. Brain: There is a perforating and shattering bullet wound through the right occipital and right temporal lobe leaving a large tissue defect associated with extensive lacerations, contusions, hemorrhage and palpable bone fragments within tissues. There is patchy subarachnoid hemorrhage and blood in ventricles. The brain is autolytic with a soft consistency.
- 7. Orbital, nasal and aural cavities: On the right side of the face, at the level of the right eye, two bullet fragments were recovered within the soft tissues, and were packed into a plastic container labeled 'A'.
- 8. Mouth, tongue and pharynx: Intact.
- 9. Neck structures: The neck structures are intact and unremarkable.

CHEST

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10. Thoracic cage and diaphragm: The ribs and sternum are intact. The diaphragm is intact.

- 11. Mediastinum and oesophagus: Oesophagus is intact and shows no macropathology. Mediastinum is unremarkable.
- 12. Trachea and bronchi: Is intact and shows no macropathology.
- Pleurae and lungs: The lungs are intact but show autolysis with a dark red-brown discoloration and loss in consistency. The lung parenchyma appears congested but intact. Right lung: 480 gram. Left lung: 420 gram
- 14. Heart and pericardium: The heart is intact but autolysis with discoloration. The atria and ventricles are unremarkable. The left ventricle shows no evidence of recent or old ischaemic changes. The heart valves are normal. The coronary arteries have a normal distribution and anatomical position. The coronary ostia occupy a normal anatomical position and are patent. The coronary arteries are widely patent with no significant atherosclerosis present. There is no coronary thrombosis. Mass: 310 gram
- 15. Large blood vessels: The aorta is normal with no significant atherosclerosis present. The carotid arteries are normal with no significant atherosclerosis present. No pulmonary artery thrombo-embolism is present. Are intact. There is no pulmonary thrombo-embolism.

ABDOMEN

16. Peritoneal cavity: There is no fluid in the peritoneal cavity and appears unremarkable.



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

SPINE

- 27. Spinal column: Is intact. It was not opened.
- 28. Spinal cord: Not exposed.

SPECIMENS SENT FOR FURTHER INVESTIGATION

- A. Blood for alcohol content determination was withdrawn from the femoral vessels with a syringe and transferred to a bottle which had been removed from a polystyrene container, after a plastic seal no PMK070100 was cut. Both the tube and the container were marked DR572/2012. After placing the bottle into the polystyrene container, the container was resealed with a new piece of plastic with seal no PMK070099 and handed to Forensic Officer 8 Mogakane.
- B. TOXICOLOGY: Stomach contents, blood from the thorax, urine and liver were placed in a plastic box. The box was handed to Forensic Officer B Mogakane and sealed with number TX011776.
- C. Buccal and blood swabs for DNA analysis were taken with reference number PA5000486913 and handed to Forensic Officer B Mogakane.

EXHIBITS:

- A. The built fragments were placed in plastic container which was labeled and sealed in an evidence collection bag with reference number FSB-1050958 and handed to Forensic Officer B Mogakane.
- B. The clothes were collected in an evidence collection bag with reference number FSG-



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ADDITIONAL OBSERVATIONS:

- A. The thoracic organs (lungs and heart) were placed in a plastic container with reference number 10642809, number 24 from 46 for analysis.
- B. BI 1663 Death Notification form A07501069 was completed.

THE FOLLOWING OFFICIALS WERE PRESENT AT THIS AUTOPSY:

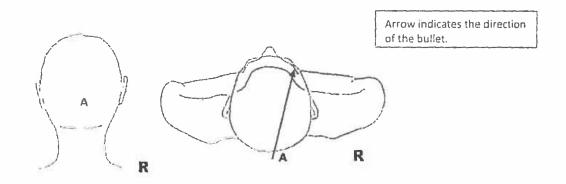
- A. Dr. M du Plessis, a registrar at Ga-Rankuwa FPS, scribed and assisted with collection of evidence.
- B. Dissectors were: Mr. T. P Gaawakgomo (Forensic Officer Phokeng: dissector), Mr. D. Makabe (Forensic Officer Phokeng: dissector), Mr. P. M. Mokgosi (Forensic Officer Phokeng: dissector), and Mr. J. Tiem (Forensic Officer Phokeng: dissector).
- C. Lt. Col. L.W Visser (Forensic Science Laboratory: Ballistics/Photographer).
- D. Const. M. I Motloung (LCRC Brits: Photographs).

DIAGRAM

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Diagram of the bullet wound described in paragraph 4.



MAR



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

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

- 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.

Kalfleren,

Dr K K. Hlaise (MBchB, DTM&H, Cert. Med & Law, Dip. For. Med, FC For. Path) Head of Clinical Unit (Medical), Ga-Rankuwa FPS, and Acting HOD/ Senior Lecturer Forensic Pathology DPT, Medunsa Campus of University of Limpopo.

Place: Ga-Rankuwa (FPS)

19/09/2012 Date:

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

COMMISSIONER OF OATHS

Full Name (in BLOCK letters):

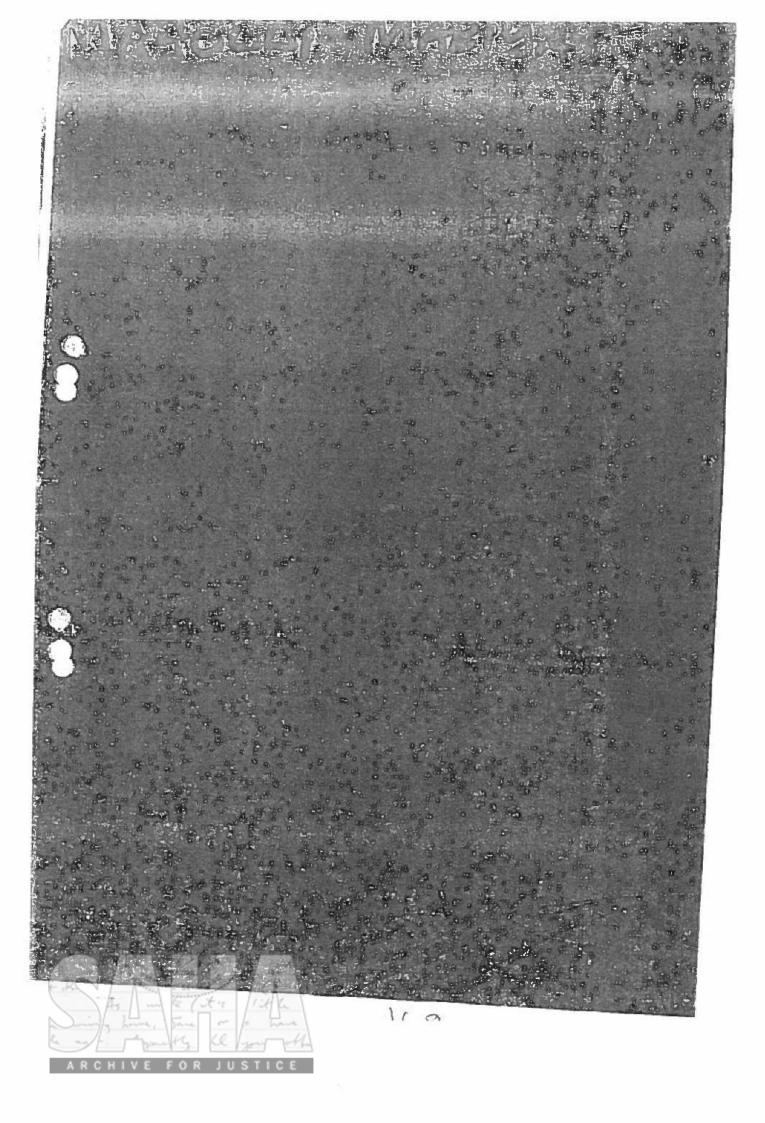
Business Address (In BLOCK Letters):

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

Designation (Rank): $(A \cdot D)$ -... (Department of Health)



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SAPS 160

Suid-Afrikaanse Polisiediens



South African Police Service

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Suid-Afrikaanse Polisiediens

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 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 n 	ny conscience.
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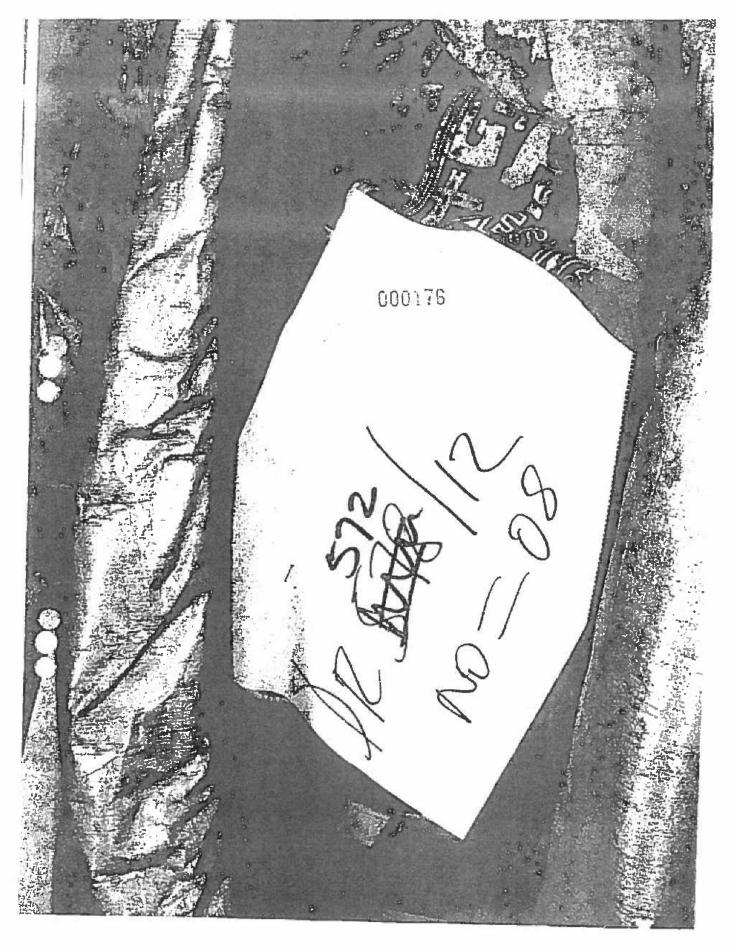
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TEBA Limited RSA Reg. No 1902/001660/05

R. A.	Con	ditional Agre	ement of Servi	ce Rea	istration Date 20	12/35/01
Sumame:	MABIYA	۵ میں انٹی میں انٹی میں میں میں اور می	Empioyer:			
Other Names:	MAFOLISI		KAREE MINE			596
Gender:	MALE		Site:		000173	
Father's Name:	KHOYULWANE MABIYA		KAREE MINE		090120	596
Mother's Name:	NO SAGEANE MABIYA					
Spouse's Name:						
Chief / Headman:	SOLINZIMA		Industry No:			Z2556640
Country:	SOUTH AFRICA					
District:	IDUTYWA		0/5			
Language:	XHOSA		Office:	TOM KAREE		0596
Religion:	ZION CHRISTIAN CHURCH		Serial Number:	A1082	Year:	2012
Home Address:	MZIKITHI VILLAGE		Company No:			751907
				1 A	DOOK DOK	1.00504700
			Occupation:	le al	ROCK DRIL	L OPERATOR
	IDUTYWA		Passport No.	E		
3	5000		ParsportExplo	Levelage		
iving out / Mine	07 00		Information Management			
Accommodation:			Identity No: (Did)	not Pass value and		
		A.S.	THE STAR	1 B		
	MARIKANA		Date of Bith:			1983/11/20
	MARIK		Maritat Status:			SINGLE
Émergency Contact:	NO SAGEANE MABIYA	Carles .	1			
		CARDA IN	Decembents:			0
Death Beneficiary:	NO SAGEANE MABIYA	A A A A A A A A A A A A A A A A A A A	Education Std /	Attained:		
Beneficiary Relation:	MOTHER	1 The second	STO SIGRADE 8	PASSED		
Beneficiary Address:	MZIKITHI	A STAND				
	Kan	ALC: NO				
		Y	oualification			
	IDUTYWA		網			
	5000	h	BET Numerad	y Qualification		
Beneficiary Contact:	083942652755	A	W	-		
	A CONTRACT AND		ARET Litorsou	Qualification		
evious Agreeme	nt a		ABET Literacy	L2Ualification		
ice: TOM KAREE		0596	-			
.ial Number Yea	No. of Weeks of las	st agreement:	Agreement Per	iod (Weeks)		52
1714 2009	Card A		Agreement Exp			2013/05/01
Date of last discharge		2012/04/30	Experience:	ny oute.	A	
-	E M MINING (PROPRIETARY)					58 - EX LEAVE
	E III MINING TELOFILIPIANT)	XPW	Industry Certific			GEN42418
Endorsements, Vacci	inations etc.		Type of Employ	ment		Underground
				Employee's Sig	nature or Mark	
accept and agree that my m	nedical exit ceruficate and radiological re-	ports will be				
etained by TEBA Ltd and att n its database. Furthermore.	lached to my record of service that is hel Tauthorise TEBA Ltd to disclose the col	d by TEBA Ltd	1			
nining industry officials for po	ossible employment.					
	oyee is subject to the employee being de xamination, and the employee having a	eclared fit by way		NOT AVAI	LABLE	
atisfactory prior employment	t record. The employee further authorise y time venty his/her fingerprints and ID n	s and agrees				
	y time venty his/her ingerprints and IU n by the Department of Home Affairs,	with its				
Capturer: Phako Meli	anzi		-			
Date Printed, 2012/08/17			1	SIL	5	
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(R&A Reg. No 1902/081680/06) TEL: NO: (014) 566 5331 FAX: NO: (014) 566 4666



DEATH REPORT INVOICE

DEATH REPORT AND INVOICE NUMBER: C596/52/2012

MINE: KAREE MINE Code: 596	
INDUSTRY Number : Z2556640	DATE OF REPORT: 2012/08/17
DECEASED	S PARTICULARS
FIRST NAME: MAFOLISI	DATE OF DEATH : 2012/08/16
SURNAME : MABIYA	CAUSE OF DEATH: UNNATURAL CAUSES
ID/PASSPORT NO:	PLACE OF DEATH: WONDERKOP
COY, NO: 751907	MINE ACCIDENT? N/A
SERIAL : 1082/0596	REPORTED BY: JONES MARUPING
OFFICE : IDUTYWA	REPORTED TO: TRACY COETZEE
DEPENDANT	/ BENEFICIARY
NAME : NO SAGEANE	ADDRESS : Management
SURNAME : MABIYA	
KINSHIP: MOTHER	IDUTYWA
NAME OF TRUSTEE:	
NO FUNERAL A	DVANCE AUTHORISED
AY TO : NO PAYMENT AUTHORISED	Amount : 0,00
AYMENT AUTHORISED BY:	
COMMENTS:	
FOR TE	BA USE ONLY
CASH AND B	ANK PARTICULARS
THE FOLLOWING TO BE REFLECTED ON CASH AN	ID BANK
ACCOUNT NO. 77162/0050 RANSACTION DESCRIPTION: C596-52-2012	
YMENT EXPIRY DATE: 30 DAYS	170
	LTP
SIGNATURE OR	8
WITNESS	
B .: URGENT REPLY BY RURAL OFFICE:	
	il / fax within 24 Hours of receipt of this e -mail / fax:
ate reported to Family:	Time:
	whom reported (Name & Designation):



EEA Limited RSA Reg. No 1902/001580/06 **Conditional Agreement of Service** Registration Date: 2012/05/02 MABIYA Employer: Sumame Other Names: MAFOLISI KAREE MINE 596 MALE Gender: Site: Father's Name: KHOYUL WANE MABIYA KAREE MINE 596 NO SAGEANE MABIYA Mother's Name: Spouse's Name: SOLINZIMA Industry No: 72556640 Chief / Headman: Country SOUTH AFRICA **District: IDUTYWA** Office: TOM KAREE 0596 Language: XHOSA Religion: ZION CHRISTIAN CHURCH Serial Number: 1082 Year: 2012 Home Address: MZIKITHI VILLAGE 751907 Company No: ROCK DRILL OPERATOR Occupation: Passport No. IDUTYWA PassportExpi 5000 Living out / Mine 07 00 Identity No: (Dis not Pass Accommodation: Date of Bight 1983/11/20 MARIK Marital Status: SINGLE NO SAGEANE MABIYA **Emergency Contact:** pendents De Ø NO SAGEANE MABIYA dication Std Attained: Death Beneficiary: MOTHER **Beneficiary Relation:** STO 6/GRADE 8 PASSED MZIKITHI **Beneficiary Address:** ualification **IDUTYWA** BET Numeracy Qualification 5000 08394 **Beneficiary Contact:** ABET Literacy Qualification P. . ious Agreemen Ofi. . TOM KAREE 0596 Serial Number. Year No. of Weeks last agreement: Agreement Period (Weeks) : 52 1714 2009 52 Agreement Expiry Date: 2013/05/01 Experience: 458 - EX LEAVE Date of last discharge: 2012/04/30 ast Employer: TRIPLE M MINING (PROPRIEPARY) XPW GEN42418 Industry Certificate No: Type of Employment: Underground Endorsements, Vaccinations etc. Employee's Signature or Mark ccept and agree that my medical exit certificate and radiological reports will be amen by TEBA Ltd and attached to my record of service that is held by TEBA Ltd ts database. Furthermore, I authorise TEBA Ltd to disclose the contents thereof to any industry officials for possible employment. NOT AVAILABLE employment of the employee is subject to the employee being declared fit by way response to the second oturer: Phako Melanzi 572 a Printed: 2012/08/17 05:20:28 PM

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Employee nu		
	Employee : 00751907 - Mabiya M (Małolisi)	ennesetetetetetetetetetetetetetetetetete
Acting Occupe General Pers	tion onnel Vehicles Certificates Service history Parades Allowances 00751907	Access Pay histor
Sumame Initials First name Id number Department Occupation Category Contractor	Mabiya M Matolisi K31340201D1BC0 Operator Rock Drill K3 Shalt	Post date Additional Mining Biometrics



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· ·		000180
A SHORE	REPUBLIC OF SOUTH AFRICA DEPARTMENT OF HOME AFFAIRS	DE 572/12 Page
NO NO	TIFICATION / REGISTER OF DEATH /	STILLBIRTH
1992	ms of the Births and Deaths Registration Act, (Act No. 51 of 1992)	Space for Bar Code
	(please tick view applicable) SERIAL No. TE: 2012-08-22 A07501069	
A PARTICULARS OF DECE		Date of birth
Identity number	Date of the test of te	Age at last 28 warrs
Suiname MABII)		binhday binhday
Maiden Name (If female)		If death occurred within
Forenames MAFIOL		24 hours after birth number of hours alive
MARITAL STATUS OF DECH	CASED Single Civil Marriage Living as married Widowed	
	Religious Law Marriage Divorced Customary Marriage	of deceased
	ict or country if abroad).	deceo
مختلب ا	/īllage)	left.
ZENSHIP OF DECEASED	[H]	
B PARTICULARS OF INFO	RMANT	
Identity number		J'rat
Initials and Surname		l quuno
Relationship to deceased Parer	it Spouse Child Other kin Other (specify)	of information
Postal address		
	Postal Code	Dialling Code
Was the next of kin of the deceased a smoker* during the past five years?	Yes No Refuse to answer	Telephone No.
Date	Signature	
C PARTICULARS OF FUNE		Office Stamp of Funeral Undertaker
Initials and Surname]
Derty nation No.	Place of burial / cremation	
D	Signature	1
	ENDING MEDICAL PRACTITIONER / PROFESSIONAL NURSE	Postal address
of my knowledge and belief, died so	hat the deceased named in Section A, to the best dely and exclusively due to ATURAL CAUSES.	
as specified in Section G. 1, the undersigned, am not in the pos	sition to certify that the deceased died exclusively	
due to natural causes. Initials and Surname	Postal Code	
Date Signed	Signature	SAMDC / SANC Reg. No.
D.2 CERTIFICATE BY DIST	RICT SURGEON / FORENSIC PATHOLOGIST	Postal address
the body of the person whose partici-	medicolegal post-mortein examination has been conducted on flurs are given in Section A and that the budy is no longer	KOOTLENG STR
	Act, 1959 (Act No. 58 of 1959) and that the cause of death is:	KUMA
Natural (Couse of Beath as indicated in Section	HLPISE Postat Code	
Place of		0365047
ost-motion forwary on 572 12	ora Date signed 2012 08 22 Signature	KUlturer
fortuary DR 572 2 FOR OFFICIAL USE ONL	Signature	Office Stamp
Registration of Death appro and Burial Order issued	in the second	Office Shinh
sstal dress	Force No./ Designation No.	
EBS LEADER	Persai No.	
stat		11
a - F. Franky	a ce you othe	
ARCHIVE FO	R JUSTICE	

* 21 × 2	000191
REPUBLIC OF SOUTH AFRICA TE DEPARTMENT OF HOME AFFAIRS	
NOTIFICATION / REGISTER OF DEATH / ST	ILLBIRTH
in terms of the Births and Deaths Registration Act, 1992 (Act No. 51 of 1992)	Space for Bar Code
• Must be completed in black ink (please tick 🖌 where applicable); SERIAL No.	
Please refer to instructions FILE No: DE 573/12 DATE 2012-08 22 A075711169	Date of birth
A PARTICULARS OF DECEASED INDIVIDUAL / STILLBORN CHILD	TABBIT PO
of decensed death	Age at last 28 years
Sumame NBBIYA Maiden Name Image: Sumame	Sex MALE
if females	If death occurred within 24 hours after birth
MARITAL STATUS OF DECEASED Single Civil Marriage Living as married Widowed	number of hours alive
Religious Law Marriage Divorced Customary Marriage	THE D
PLA OF BIRTH (Municipal district or country if abroad)	of deceased
P 3 OF DEATH (City / Town / Village)	St thu
P REGISTRATION OF DEATH	2
CITIZENSHIP OF DECEASED	
B PARTICULARS OF INFORMANT Identity number	
Initials and Surname	of itani print of informant
Relationship to deceased Parent Spouse Child Other kin Other (specify)	thund
Postal address	Left
Postal Code	Dialling Code
Was the next of kin of the deceased a smoker* during the past five years? Yes No Refuse to answer	Telephone No.
Date Signature	
C PARTICULARS OF FUNERAL UNDERTAKER	Office Stamp of Funeral Undertaker
Initiate and Surname	
estignetion No. Place of burial / cremation	
Signature.	
	Postal address
the undersigned, hereby certify that the deceased named in Section 4, to the best my knowledge and belief, died solely and exclusively due to NatuRAL CAUSES,	
specified in Section G. he undersigned, am not in the position to certify that the deceased died exclusively	
te to natural causes.	
e Signed	
	SAMDC / SANC Reg. No.
e undersigned, hereby certify that a medicolegal post-mortem examination has been conducted on body of the person whose particulars are given in Section A and that the body is no longer used for the purpose of the Inquest Act, 1959 (Act No. 58 of 1959) and that the cause of death is	OTLENT STR
atal (Cause of Death as indicated in Section G) Unmatural V Under investigation	
ais and Surname KK HLAISE Postal Code DRO	8 DIZIZERIGE
morren CARANEWNA Date 20120822	SAMDC Reg. No.
Inter DR 372 2012 Date signed 2012 08 22 Signature K/CM	SAMDC Reg. No.
OR OFFICIAL USE ONLY Initials and Sumame or Registrar Registration of Death approved and Burial Order issued	Office Stamp
s Force No./ Designation No.	
a mate from the ce me	
ARCHIVE FOR JUSTICE	

THE REPORT OF STREET

	CATION / REGISTER OF DERTIF, STIDDURLAR	BI - 1663 Page 2
' INI	FORMATION FOR MEDICAL AND HEALTH USE ONLY	
	(After completion seal to ensure confidentiality)	
Int of the state	$\frac{1}{12} \frac{1}{12} \frac$	
F DEMOGRAPHIC DE		
Initials and Surname of decea	ased	
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 stre	ect name and number	
-	DRESS OF DECEASED (Where someone lived on most days)	
Street name and number		
Name of Plot, Farm, etc.		
Subr		
Ti City Pi :c / Country	╎═╬╼╏╾╊╌╬╌╊╌╊╌╂╌╂╌╉╌╋╌╋╼╋╼╋╼╋╼╋╼╋╼╋╼╋╼╋╸╋	
Postal Code		
Magisterial district		
Census enumerator area		
DECEASED'S EDUCATI	ION (Specify 🖌 only highest class completed / achieved)	
None GrI Gr2		CODE
	1 2 3 4 5 NTCI NTC2 NTC3	
USUAL OCCUPATION C	OF DECEASED TYPE OF BUSINESS / INDUSTRY (e.g. Mining, Farming etc.)	
(give type of work done di	luring most of working life. Do not use "retired". Refer to instructions.	

Was the deceased a smoker* i	five years ago? (📝) Yes 📄 No 📄 Do not know 📄 Not applicable (minor)]
		OR OFFICE
F 1 Enter the diseas such as cardiac	ise, injuries or complications that caused the death. Do not enter the mode of dying, to respiratory arrest, shock or heart failure. List only one cause on each line. (Days / Months / Years)	ICD-10
	CAUSE (Final disease (a) GUNSHOT WOUND OF UNKNOWN	
	sulting in death) Due to (or a consequence of) THE HERD	·
	st conditions, if any, (b)	
	LYING CAUSE last	
(Disease or inju events resulting	ury mai muaica	
	(d)	
PART 2 Other significar	en conditions contributing to death but	
-	the underlying cause given in Part 1	
	gnant 42 days prior to death? (Ves No	
If stillborn, please write		
Do you consider the dece	eased to be: African White Indian Coloured Other (Specify)	
Method of ascertainment	at 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 Speci	A second Part (K-	an constraint and
menne who smokes tohac	eco on most davs Covenient Pinung Wour	, Ter: (012) 334-4500
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FACILITY (If not an it	NAME: nstitution, give st		Other (:			L				****								(-*12.6p (6		• • • •	4-521-1 H	-1-5-1-1 ₋₁₋₁		198 8101 800	10	
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Name of Pl	lot, Farm, etc.				-																_							
Suburb / Vi	-										-			_	-	1			_			_		-				
Town / City											+	-	-		_		$\left \right $				_	-	+	-				
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DECEAS	ED'S EDUCAT	NOI	(Speci	ify 🖌	10	nly l	nighes	st clas	ss co	omple	etcd	act	nievo	:d)														
None	Gr1 Gr	2	Gr3		Gr4		Gr5		Gr	6	G	r7		Gr8 Form 1		Gr Fon 2		Gr Fo	rm 3	F	irll orm 4 TC2	1	Grt Form S NTC	n		niv ech	CC	DDE
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Was the dee	ccased a smoker*	five y	ears ag	.o? (1)		Ycs	Ē]		No			D	o not	knov	~ []	44141411	No	ot app	olicat	olc (n	nino	, [- inter
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¥	IMMEDIATE or condition re				1SC	D) <u></u> ue to (oraci	onse	quene	c 01)	11	LE		1-18		20)										
	Sequentially li leading to imp Enter UNDER	rediate	cause.			D	(b) Due to (or a consequence of)										1411 d d +		1									
	(Disease or inj events resultin	ury th	at initial		-		(c) Due to (or a consequence of)								*#*****	100000												
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PART	2 Other significant not resulting in	int con i the u	ditions nderlyn	contrit ng caus	butin se gi	ig to c ven it	icath l 1 Part	1	с. 		11535				•						- e		** 11+**)	r 1 = 8-04 1			L	\square
lf a fen	nale, was she pre	gnant	42 days	; prior t	to de	ath?	(],		Yes	C]		No														
lf stillb	orn, please write	: mass	in gran	25]									_									1		\Box
Do you	consider the dec	eased	to be:	Afri	can	Y	Whit]	India	n 🗌]	Colo	ured		Ot	ner [](5	pecif	51	i		*** 9.	e t ti ade e				
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DEPARTMENT OF HEALTH

FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: 02572 1/2

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

I, E MALICIPELA 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 20/2 - 08 - 32/1 received the following exhibit (s): ALC

Ch From BR FO Matinaknors

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 43.6 officer REF! $P_{10} = 3834/_{12}$

The Als was scaled with the official seal no Pink 070099

- 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.

3

()

Place: FPS Ga-Rankuwa

000194

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

Place: Ga-Rankuwa FPS Date: 2012/09/12 HWW m2 MOLONO C.F.O MATLOY ZACHARIA MOLOB 6543 KGOTLENG STREET, GA-RANKUWA NAME ADRESS : CHIEF FOREMSIG OFFICER RANK



DELEVEL IV LEADER

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

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

I, Charles de Zero de declare under oath:- 000185

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

From DR A real of the 15 1

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

On $\mathbb{REF}_{1}^{1} = \mathbb{REF}_{2}^{1} = \mathbb{RE}_{2}^{1} = \mathbb{RE}_{2}^{1} = \mathbb{RE}_{2}^{1} = \mathbb{RE}_{2}^{1} = \mathbb{RE}$

The _____ was sealed with the official seal no ______

- I. 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

3

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 Dates 12 hant o : 17.12 100 PALAND 117 6543 KGOTLENG STREET, GA-RANKUWA NAME ADRESS : CHIEF FOREMONE Strate RANK



DEPARTMENT OF HEALTH

FORENSIC PATHOLOGY SERVICE: GA-RANKUWA: POST-MORTEM NO: 48-572/12

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

I. E MADLIPELA declare under oath:-

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

In the performance of the official duties in connection therewith and on $\frac{2512 - 08 - 21}{1}$ I received the following exhibit (s): ToxicolusSy

SA From DR MUGALANE

日本の いいのないの

3

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 - 0.8 - 27 I handed the above exhibit (s) to the <u>198</u> officer REF: TX - 2492/12 - TX - 299 s5/12

The $\overline{\mathcal{J}}_{\mathcal{O}\mathcal{X}}$ was sealed with the official seal no $\overline{\mathcal{I}_{\mathcal{X}}\mathcal{V}_{\mathcal{I}\mathcal{I}}}$

- 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

5-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: 20 12/09/10 Mul m2 M0 1020 C.F.O MANDY ZACHARIA MOLOTO NAME 6543 KGOTLENG STREET, GA-RANKUWA ADRESS

RANK

: CHIEF FOREMIL OFFICER



DEPARTMENT OF HEALTH

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

AFFIDAVIT IN TERMS OF SECTION 212(8) ACT 51 OF 1977 AS AMENDED 90197

I, ______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 22 = 27 - 77 = 1received the following exhibit (s): 77 = 27 - 27 = 57

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 T = 2 + 2 + T I handed the above exhibit (s) to the ______ officer $REF_1 T = 24 + 2/12 - T = 24 + 5/12$

The _____ was sealed with the official seal no _____

- 1. I know and understand the contents of this declaration.
- 2. I have no objection to taking the prescribed oath.

3. I consider the prescribed oath to be binding on my conscience.

Place: FPS Ga-Rankuwa

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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.

-----S--F.O.

Place: Ga-Rankuwa FPS (114) m2 mo Lo20 C.F.O Date: 2012/09/10 MATLOY ZACHARIO MOLOT. NAME . 6543 KGOTLENG STREET, GA-RANKUWA ADRESS -CHIEF FORENSIC OFFICER RANK 2





Forensic Pathology Service: GA-R

AFFIDAVIT IN TERMS OF SEC

I, MATLOU ZACHARIA MOLO

I am a <u>Chief Forensic Officer</u> Pathology Service GA-RANKUWA

In the performance of the my official I received the following Bullet(s) free

1. Two bullets fragments with

While the bullet(s) was in my possenot interfered with.

On 2012 / 08 / 28 I hand

No 71844164-3 Rank C37 Name M-Z

health and social development Department field and Social Development GAUTENG PROVINCE

000108

718449 4-3 M-2 Moraco

NATURE OF POFFICER

A: POST-MORTEM NO: DR PHOKENG 572/12

'(8) ACT 51 OF 1977 AS AMENDED:

Jeclare under oath:-

Souteng Department of Health, stationed at Forensic

connection therewith and on 2012 / 08/22 IOGAKANE

11 seal no (fsb1050958)

control, it was kept in safe custody, seal kept intact and

e bullet(s) to SAPS Photographer

1. I know and understand the c-

- 2. I have no objection to taking
- 3. I consider the prescribed oat

i consider die preseribed

Place: FPS Ga-Rankuwa

his declaration. ibed oath. ling on my conscience.

aron all Signature of Chief Forensic Officer

at he/she knows and understands the contents of this

the deponents signature was placed thereon in my

I certify that the deponent has acknedeclaration which was sworn to beta presence.

Place: Ga-Rankuwa FPS Date: 20/6/08/28.

(ature)

NAME	:	LUCAS ME
ADRESS	:	6543 KGOT
RANK	*	ASSISTA

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R	EET, GARANKUWA
	TOR



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Post Mortem Toxic	ology Refer	ral Fo	rm (PL	EASE	PRIN	IT CLEARL	Y IN EI	IGLISH)			
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Case number 137	08/	12				T, piease eason			<u>[</u>		
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Date of death	• • • • • •		. p a								
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Were toxicological a On blood in hospital If <u>YES</u> , please list re	?	rmed			Yes		No			Unsure	
Were any drugs adm hospital? If <u>YES</u> , please list dr	/	ipg ac	Imission	n in [`	Yes		No			Unsure	
Clinical History	Age	3	8	Race		B	Sex	Male	1	Female	
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Please provide relev	ant facts in th	ne hisl	ory								
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Forensic Pathology Service: GA-RANKUWA: POST-MORTEM NO: DR PHOKENG 572/12

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

I, MATLOU ZACHARIA MOLOTO declare under oath:-

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

One DNA swab specimen(s)

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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 $Ce_1 30$ I handed the above specimen(s) to the investigating officer No 90644210 Rank FIInvesticitor Name Elence Mitter

SIGNATURE OF I/O

The Dna was sealed with the official seal no (PA 5000486913)

1. I know and understand the contents of this declaration.

2. I have no objection to taking the prescribed oath.

3. I consider the prescribed oath to be binding on my conscience.

Place: FPS Ga-Rankuwa

Signature of Chief Forensic Officer

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

Place: Ga-Rankuwa FPS Date 2009 / 3 J

alla Caura.

(Signature)

NAME :	LUCAS MENZELWA MAHLANGU
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ADRESS : 6543 KGOTLENG STREET, GARANKUWA

RANK : <u>ASSISTANT DIRECTOR</u>

