

STATEMENT OF VONITA THOMPSON

I, the undersigned,

VONITA THOMPSON

do hereby make oath and state that:

1. I am currently employed in the capacity as the Director: Forensic Pathology Service ("FPS") in the Department of Health in the Province of the Western Cape ("the Department").
2. I have held this position with effect from 01 January 2007. I attach a map reflecting the locations of the 18 FPS facilities in the Western Cape Province marked "A".
3. The facts contained in this statement are within my personal knowledge, except where indicated otherwise or apparent from the context, and are true and correct.

RELATIONSHIP BETWEEN THE FPS AND SAPS

4. The medico-legal mortuaries formerly fell under the jurisdiction of the South African Police Services ("SAPS"). These services were



transferred from SAPS to the Department and the FPS was established with effect from 1 April 2006.

5. The National Health Act 61 of 2003 makes provision for the FPS. Regulations for the rendering of forensic pathology services have been published in terms of the National Health Act. The Regulations, together with a Code of Guidelines, make provision for developing a comprehensive forensic pathology service.
6. Given the statutory role of the FPS in the investigation of homicides, one can now classify the workings of homicide investigations into three main aspects: (a) the collection of evidence in respect of the entire homicide investigation; and (b) the determination of cause of death; and (c) the provision of testimony in court based on the evidence collected and the formulated cause of death. The first aspect falls within the remit of SAPS, whereas the second and third are the responsibility of the FPS, which operates under the purview of the Department.
7. The FPS engages in the following activities: (i) investigating the scene of death; (ii) collecting evidence; (iii) assisting SAPS with the identification of bodies; (iv) conducting autopsy and post mortem examinations; (v) providing safe custody for all forms of evidence; (vi) preparing legal reports, opinions and statements; (vii) giving expert testimony in court proceedings; (viii) training doctors, registrars,

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undergraduate students and forensic officers; and (ix) rendering forensic pathology services to other provinces and countries.

8. The interactions between FPS and SAPS on an individual case level have not been consistent and can be improved upon.

9. As far as I am aware, the FPS interaction with specialised units within SAPS has varied as the assigning of these resources are at the discretion of the SAPS. Where resources have been allocated the interaction has generally been positive. The Department has in the context of human tissue management also had cause to interact with specialised units within SAPS. These have not been without difficulty, as the legislative framework does not set out with sufficient clarity the roles to be played by each entity in the management of human tissue.

10. Examples of human tissue management issues that the Department has encountered are—

10.1. investigations and management of undertaking premises in Khayelitsha, where undertakers have taken payment for the interring of bodies but failed to do so and absconded; and

10.2. investigations into recruiting agencies that harvest ova for overseas markets but fail to pay the women from whom the cells are harvested.

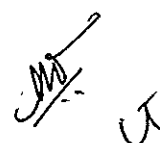
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11. In addition and in relation to SAPS forensic pathology education, I am aware that there is no formal course in basic forensic pathology being run by the SAPS training college. The FPS has provided some training on an *ad hoc* basis, but it is my opinion that a formalised and structured programme for basic forensic pathology education among SAPS officers is essential. The FPS is prepared to run such a programme in conjunction with the SAPS training college.
12. FPS are part of monthly standing meetings with other relevant role players. It provides a forum at which complaints or concerns may be raised regarding any of the multi-disciplinary services. Solutions to operational matters are discussed and solutions to operational problems can be devised. Representation at these meetings include SAPS, Emergency Medical services (EMS), Provincial Traffic, Department of Community Safety. Also represented are representatives from the Forensic Chemistry laboratory which falls under the control of the National Department of Health and a representative from the Prosecuting Authority. To my recollection I do not think that Khayelitsha is raised as a specific concern at these meetings.
13. Emanating from this structure and in order to improve the provision of services, on the one hand, with the FPS, on the other, SAPS is a memorandum of understanding ("MOU"), in terms of which relevant



personnel from each department are required to interface. It has taken a number of years to finalise this agreement. This agreement was signed in August 2009. A procedure manual has been developed to address operational aspects and whilst it has been agreed upon, it has not yet been signed by all the parties thereto and is only intended to take affect once signed. A copy hereof is annexed marked "B".

14. In addition to the monthly meetings, there is interface with SAPS on a managerial level and on a case-by-case level on an ongoing basis.
15. Ideally, forensic pathology officers ("FPOs") should be called out to the scene of death as soon as the investigation has begun and pathologists notified. This is so because relevant forensic evidence may be disturbed by the time the preliminary investigations at the scene of death have been completed by SAPS, which necessitates a parallel evidence collection procedure by both SAPS and the FPS. The practice of SAPS, however, has been to call out the FPOs only once the investigations at the scene of death have been completed and the body is ready for collection.
16. It is also frequently the case that when the FPOs arrive at the scene of death, the SAPS investigating officer has either left the scene and the scene has been disturbed by members of the public.

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17. The quality of any residual evidence that there may be is thus compromised. Furthermore, because of this practice, the FPS has become heavily dependant on SAPS to provide it with material forensic evidence in the pathology process.
18. This gives rise to its own difficulties and challenges in that it is not always the case that the SAPS officers who arrive at the crime scene are equipped and have the requisite forensic training especially in knowing: how best to preserve crime scenes; what evidence at the scene of death and the scene of crime (if different), including statements of witnesses, ought to be transmitted to the FPS; or even at what stage to contact the FPOs.
19. The dependence of the FPS on SAPS for its forensic information, coupled with the lack of adequate forensic pathology training of SAPS officers, has posed considerable obstacles for the forensic pathologists in being able to appreciate the full circumstances of a homicide to inform an autopsy.
20. From time to time this is raised at the monthly meetings resulting in a resurgence of attendance at post-mortems.
21. However it also has the effect that the standby SAPS member on duty is task with attending the post-mortem. This is of no assistance to the pathologist in that that person is not the investigating officer, did not



attend the crime scene and has little or no knowledge of the case on hand and hence unable to pass on any information to the pathologist.

22. A further reason for the attendance of SAPS at post-mortems is to alleviate the burden on the chain of custody of any evidence which may emerge from the post-mortem.

RECORD KEEPING

23. The FPS has implemented an electronic business process and record keeping system at all its facilities. This captures the process from the time that the incident is logged with FPS until the body is effectively handed over to the deceased relatives. A variety of statistics can be derived from this system. For example I annex hereto, marked "C1" to "C6", a number of schedules that were prepared by Michael John Vismer, the Forensic Pathology Information System Administrator for FPS. These schedules reflect the data of alleged murders in the Khayelitsha, Harare and Lingulethu West area for the period 2008 to November 2013 as reflected in the FPS statistics. Bear in mind that subsequent investigations may result in it's being determined that the death was not murder.

24. These statistics have been provided in terms of alleged murders with regard to:

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24.1. the Police station that the case was registered at and

24.2. the alleged suburb of injury.

25. When examining the data it will be noted that there are instances in which either the Suburb of Injury or Police Station is not within the Khayelitsha drainage area. The cause for these anomalies is either:

25.1. The case was received from a Medical Service Area, outside of the Khayelitsha drainage area and as such a case was registered with the nearest Police Station; or

25.2. The information received at the time stated that the incident took place in another suburb, however, after investigation it was determined that the incident took place within the Khayelitsha drainage area. The exact location of the incident was not known at the time of intake and data was captured using the information available at the time.

26. The FPS is also unable to access SAPS records for autopsy purposes and in fact at one of the monthly managerial meetings, SAPS also raised the issue that access to hospital records has proven difficult and that some cases have been thrown out of court because of the failure to produce hospital records. This is an issue which has been escalated within the Health Department to be attended to.

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27. It seems that one of the challenges facing respective government departments that render different services is the inability to access other Department's electronic databases. It requires an integration of electronic systems of it seems the SAPS database, FPS database, EMS services, hospitals, missing persons and Department of Home Affairs with the requisite protocols in place to protect sensitive information.

AVAILABILITY OF POST-MORTEM REPORTS

28. The efficiency and turnaround time for the conducting of post-mortems are closely monitored in the FPS.
29. Autopsies are generally conducted within three days of the body being brought into the Tygerberg mortuary and bodies released for internment within 5 days from admission. Post-mortem reports – to the extent that such can be completed at the facility – are available within 7 days from admission. However if the post-mortem requires that various tissues be taken for further analysis (blood alcohol tests or toxicology analysis) or for tests to be conducted at either the laboratory in Platteklouf or elsewhere then the finalisation of the post-mortem report is dependent on how long it takes for those results to become available and for reports to be completed.



30. At present the National Forensic Laboratories in Woodstock, Johannesburg, Pretoria and Durban process all blood and toxicology samples. The laboratories are experiencing backlogs, which has resulted in significant delays in providing the results to the FPS timeously. There are also concerns about the accuracy of forensic reports given the delays in analysing samples and specimens. I am aware that some reports have been outstanding in some instances for as long as 6 years.
31. In a number of instances a post-mortem report cannot be finalised as it is subject to the toxicology/ blood alcohol report being provided.
32. Following a criminal justice review project (CJR) at national level, a service level agreement has been negotiated between the National Health Department (that does the blood alcohol and toxicology analysis and reporting), the National Prosecuting Authority and SAPS outlining deliverables and timelines to address the backlog. The CJR established by the Department of Justice, is tasked with ascertaining the status of cases, whether post-mortem reports are required and ensuring that the outstanding information is expedited.
33. Project managers have been appointed to deal with re-prioritising cases in the backlog. Due to the passage of time, some reports may no longer be required for prosecution purposes, though they may still be relevant for pathology purposes (eg. for insurance claims) or even



for inquests. These factors inform how backlogged cases are re-prioritised.

34. In other words if a post-mortem report is requested by a court or a prosecutor it can be prioritised.

CONCLUDING REMARKS

35. Whilst I am aware that there is a perennial report that post-mortem reports are not available as they should be at courts theoretically there should be no reason why a post-mortem report, with toxicology and blood alcohol results, remain outstanding by the time a criminal matter comes to court, both generally and specifically in relation to Khayelitsha as the bulk of reports for Khayelitsha emanates from the Tygerberg mortuary where there are no delays in the conducting of autopsies.
36. Where report have been delayed as a result of either extraneous circumstances (blood alcohol, toxicology, DNA) or internal factors, mechanisms have been put in place to expedite the production of reports when such are required or prioritised by the court or the prosecutors.
37. There should thus be no delays in these prioritised post-mortem reports reaching the prosecutors.

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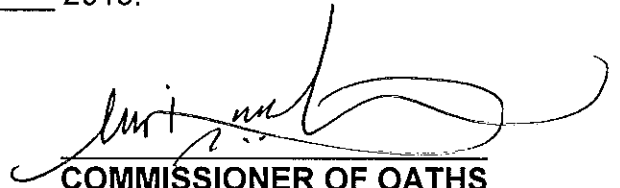
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DEPONENT

I certify that:

- I. The Deponent acknowledged to me that:
 - A. She knows and understands the contents of this declaration;
 - B. She has no objection to taking the prescribed oath; and
 - C. She considers the prescribed oath to be binding on her conscience.
- II. The Deponent thereafter uttered the words, "I swear that the contents of this declaration are true, so help me God."
- III. The Deponent signed this declaration in my presence on the

03 December 2013.


COMMISSIONER OF OATHS

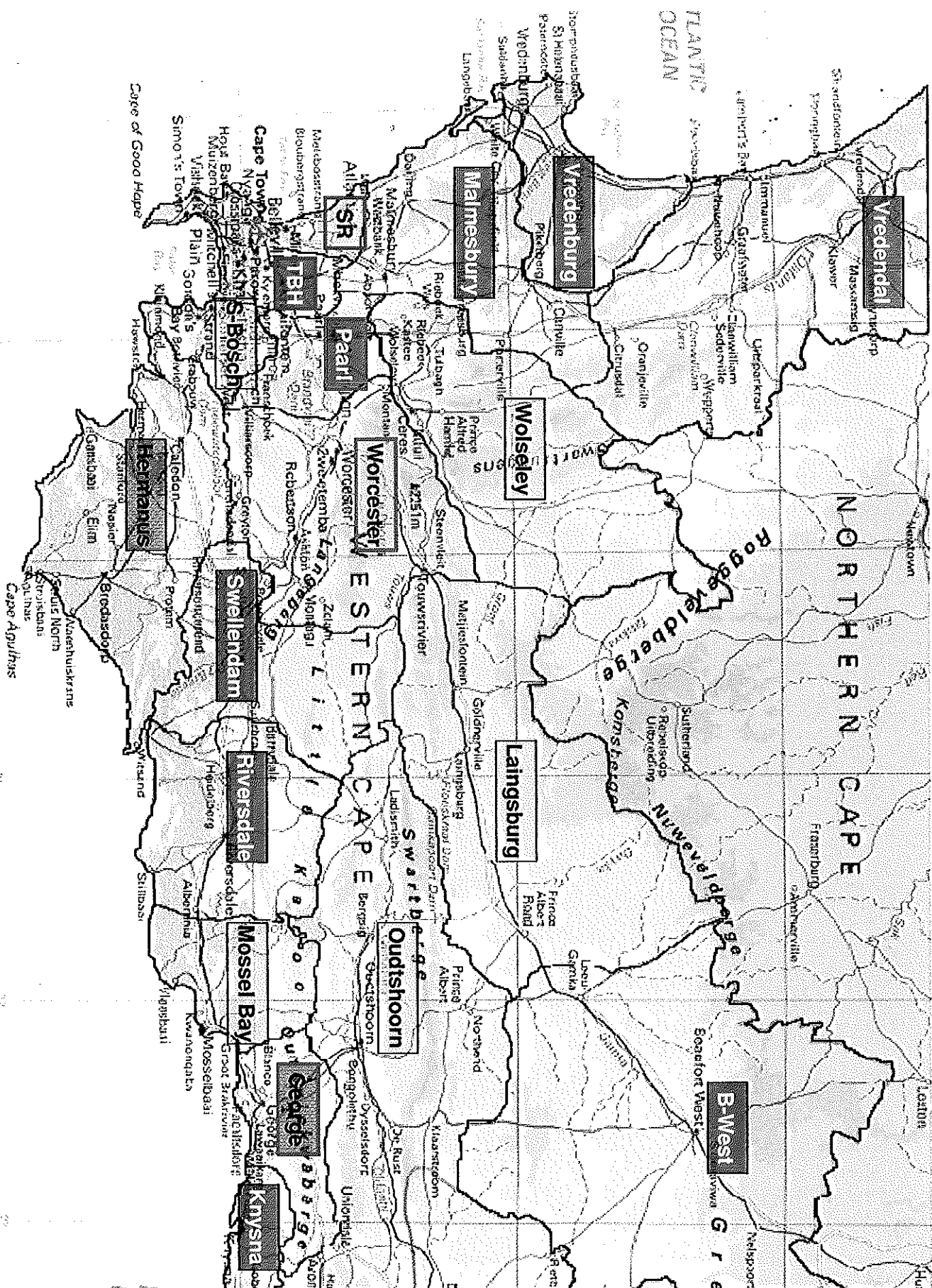
Name: U. K. Naidoo

Designation: Advocate

(ex officio commissioner
of oaths)

Address: 6th Floor,
56 Keerom Street
Cape Town.

✓



PROCEDURE MANUAL

SOUTH AFRICAN POLICE SERVICE

FORENSIC PATHOLOGY SERVICE

EMERGENCY MEDICAL SERVICES

FIRE AND RESCUE SERVICES

DEPARTMENT OF COMMUNITY SAFETY

PROVINCIAL TRAFFIC

METROPOLITAN POLICE



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PROCEDURE MANUAL BETWEEN THE EMERGENCY MEDICAL SERVICES, FORENSIC
PATHOLOGY SERVICE, S A POLICE SERVICE, METROPOLITAN POLICE, FIRE AND
RESCUE SERVICE, DEPT OF COMMUNITY SAFETY AND PROVINCIAL TRAFFIC

PARTIES TO THIS AGREEMENT

Western Cape Government: Health

and

The South African Police Service

and

Western Cape Government: Community Safety

and

Safety and Security: City Of Cape Town

PROCEDURE MANUAL IMPLEMENTATION DATE

This Procedure manual shall enter into force on the 1st December 2013.

COMPLIANCE

This Procedure Manual is binding on all employees within the Departments that are signatories to this Procedure manual.

AMENDMENT

The signatories to this Procedure Manual may, from time to time, by written unanimous agreement effect amendments to this Procedure manual.

ENDORSEMENT AND ADOPTION

This Procedure manual was endorsed and adopted by the on the _____ day of
_____ 2013.



IN WITNESS WHEREOF, We the undersigned representatives have adopted this Procedure manual.

Provincial Commissioner

SA Police Service

Western Cape

Date:

Prof KC Househam

Head of Health

Western Cape Government

Date:

Dr G Lawrence

Head: Community Safety

Western Cape Government

Date:

Mr R Bosman

Executive Director

Safety and Security

City Of Cape Town

Date:



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1. GLOSSARY

10111	SAPS 10111 Call Centre
ART	Accident Response Team
CoCT	City of Cape Town
DoCS	Department of Community Safety
EMS	Emergency Medical Service
FPO	Forensic Pathology Officer
FPS	Forensic Pathology Service
IO	Investigating Officer
IPID	Independent Police Investigative Directive
JOC	Joint Operations Centre
LCRC	Local Criminal Record Centre
PM	Post Mortem
PRASA	Passenger Rail Agency of South Africa
SAP180	Police Report accompanying body to Mortuary
SAPS	South African Police Service
TMC	Road Traffic Management Centre
VISPOL	Visible Policing

2. INTRODUCTION

The above mentioned Services work on a daily basis in close co-operation with each other whilst fulfilling our statutory obligations. We are all working towards the same common goals of saving lives and ensuring that justice prevails.

The SA Police are mandated to perform Crime Scene Investigations whereas Forensic Pathology is mandated to perform Death Scene investigations. EMS and Fire and Rescue are mandated to extricate and save lives. This can lead to a situation whereby one organization may inadvertently destroy evidence required by the other in the performance of their duties. Delays in photography by the S.A Police may lead to early stages of decomposition in the deceased or elevated blood alcohol level readings, all of which may have an influence on the findings of the Forensic Pathology Service.

This has necessitated a situation whereby all the above organizations have devised a combined operational procedural manual that will minimize the loss / compromising of evidence and one known process that all organizations will adhere to. This means that members in each of the different services will know exactly what their roles and responsibilities are in various situations and will all have the same common goal on scenes.

By the creation of such a joint operational procedural manual, the Western Cape Province will have the most efficient, professional team of first responders which should help in increasing conviction rates by the preservation of evidence by all role players.

This Procedural Manual will be reviewed every two years to allow for any changes in operations or processes.

This Manual is read with the already signed Memorandum of Understanding between the SA Police Service and the Forensic Pathology Service.

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3. IMMEDIATE EXTRICATION OF PATIENTS ON ACCIDENT SCENES

It is agreed that saving lives is the foremost priority. There have been situations whereby rescue personnel including medically qualified persons in terms of the Health Professions Act have been prevented from extricating a patient because it appears that the patient is deceased. All Medically Qualified persons for the purpose of this manual include Medical Practitioners (Doctors) and persons registered under the Professional Board – Emergency Care of the Health Professions Council of South Africa (HPCSA).

All patients trapped need to be extricated to determine if there are any signs of life and then to provide life- saving treatment. The mere fact that a patient has a mechanical entrapment can impede signs of life. The patient needs to be extracted to prove the contrary and for a proper assessment to be conducted.

The extrication of a patient can lead to certain evidence being moved or destroyed. It was therefore agreed:

- All persons trapped in a vehicle are classified as "Red Patients" – immediate medical attention required.
- All Red patients will immediately be extricated from the vehicle.
- All obviously deceased persons/human remains will not be extricated – this is where there is a decapitation, dismemberment or severe charring due to burn wounds.
- The decision to extricate will be made by the medical personnel on the scene as they have the statutory obligation to provide medical care for the patient.
- All persons are considered patients until a Medically Qualified Person has completed a Declaration of Death and this can only occur once the patient is extricated from the entrapment.
- This relates to all entrapment situations which includes, but is not limited to, vehicles, trains, pedestrians, lifts and machinery, etc.

- Prior to the extrication of a patient, the rescue agency performing the extrication, will photograph the vehicle and the position of the patients (only if Local Criminal Record Centre Personnel is not available to perform this function otherwise photographs will be taken by LCRC) and will provide written reports to the SA Police as to what evidence was disturbed and will also document the position of gear levers, lights, indicator levers and seatbelts. Fire, Traffic and Rescue will also make detailed notes of all of the above, but are not in a position to photograph scenes. The written notes and photographs will be collected by the Investigating Officer and thus must be readily available.
- The S.A Police will provide training to Traffic, Fire and Rescue and EMS identifying exactly what information they require to be documented.
- If the patient is declared as deceased, then the person performing the declaration will ensure that the deceased and body parts are covered with a blanket/space blanket. Use clean blankets or sealed space blankets to prevent contamination.
- During the extrication, the SA Police, Provincial Traffic, Metropolitan Police or Local Traffic authorities are responsible for cordoning off the accident crime scene, exercising crowd control and control of breakdown services and ensuring that all emergency vehicles and equipment is safeguarded.
- The SA Police will record the names and represented services of all authorized persons that enter the crime scene and ensure that there is only one access and egress route.
- The position of all deceased as found in the vehicle must be noted by the SA Police, Provincial Traffic, Metro Police or the Local Traffic authorities e.g. driver, front left passenger, left rear passenger etc. This information must be provided to the Investigating Officer/ Crime Scene Manager and the Forensic Pathology Officer on their arrival at the scene. The person doing the recording must not leave the scene prior to this information being handed over. His or her name and contact particulars must also be given to the Investigating Officer/ Crime scene manager.

4. REMOVAL OF DECEASED'S BODY FROM ROAD OR TRAIN (RAIL) SCENES PRIOR TO PHOTOGRAPHY

The Investigation of Crime is the sole responsibility of the SA Police Service, but acknowledging that there are many other agencies attending road traffic accident scenes that also have statutory obligations that they need to comply with. Examples will be EMS that has a duty to perform rescue functions and emergency medical treatment; Fire and Rescue and Traffic for scene safety, rescue functions as well as Emergency Medical treatment; Forensic Pathology to conduct the death scene investigation and the removal of the deceased, SA Police, Traffic and Metropolitan Police for scene safety, crowd control and preserving evidence and the Local and Provincial Traffic that are responsible for scene safety and regulation of traffic.

All of the different role players need to be able to work as a team without compromising the functions of the other. A prior understanding and defined procedures will assist in all role players better understanding each other's roles. This exercise will ensure the safe-guarding and proper maintenance of the chain of evidence.

4.1 Receiving a Call

All reports of vehicle or train accidents in the City of Cape Town Area, whether there are no injuries, injuries or fatalities must be reported via the Nodal Point (10111/Goodwood Freeway Management Centre) so as to enable the Nodal point to identify relevant role players that must be dispatched to the scene and obtain a brief description of the accident/scene.

The Nodal Point is situated at: Freeway Management Centre in Goodwood (Corner of Smart and Richmond Street TMC Building- Goodwood), and SAPS 10111 Call Centre (Sunrise Circle – Sunrise Complex, Jan Smuts Drive – Pinelands). All other regions must utilize the national 10111 number or the Provincial Traffic Services number 021 946 1646.

The Nodal Point (10111 and TMC including SAPS, Provincial and Local Traffic) will also inform FPS of a larger/serious incident so that FPS can prepare their response even if there are no initial fatalities, as the number of deceased persons can change rapidly as people pass away at the scene or en route to hospitals.

As FPS is a relatively small organisation, time will be needed to call in additional staff on overtime to deal with a larger incident. It is undertaken that a representative of FPS will report to the on-site JOC whilst additional resources are organised.

4.2 Procedure in Dealing with all Accident Scenes

In most instances, the first member to arrive at a crime scene is a member from the Provincial Traffic, Local Traffic, Metropolitan Police, Fire and Rescue Services or Medical Response Units (EMS) or SAPS Vispol environment. In circumstances or situations where a SAPS member was not the first to arrive at a scene, the first Senior responding member of any Service, must as soon as he/she arrives on the scene, take over the scene and place an orange traffic cone on the roof of his/her vehicle to indicate that he/she was the first at the scene and start the process as stipulated hereunder:

The first member to arrive at a scene must assess the scene, ensure all safety measures are in place and cordon off the scene. He/she must also ensure that there is only one access and Egress (Exit) point and ensure that all role players pass through this point only.

All persons entering the scene must identify themselves and organisations they represent and such details must be recorded for investigation purposes. No breakdown services to be allowed within the cordoned off area without the authorisation of the person in charge.

Where a hazardous material or fire is involved, all personnel and bystanders must be kept a distance away from the scene, until the scene is declared safe by the Fire and Rescue Services.

On arrival of SAPS the person that initially took charge of the scene must introduce himself to the arriving member of SAPS and handover such scene to him/her.

Once SAPS members arrive on scene, they must then take charge of the scene, and then hand the scene over to a member of the Detective Service, preferably a senior detective with a rank of a Warrant Officer or higher (where applicable). The Detective, to whom a crime scene was handed over, becomes the Crime Scene Manager and takes control/charge of the scene and assesses such scene, to ensure that all safety measures are in place.

If a junior member is unable or inexperienced in taking decisions, he/she may ask the advice of a Shift Commander, Sector Commander, and Station Commander Etc.

The Crime Scene Manager must appoint an investigating officer. The appointed investigating officer must together with the Crime Scene Manager, re-assess the scene and ensure that a case docket is registered and a Joint Operations Centre (JOC) is established, where necessary. The investigator can summon to the scene any additional aid that he/she identifies to be relevant for his/her investigation e.g. Forensic Pathologist.

LCRC and Accident Response Team (ART): When the LCRC expert or ART member arrives at a scene, he/she must through the guidance of the Scene Manager, approach the scene through the entrance and exit pointed out to him/her.

LCRC/ART will take photos and perform other functions that will be determined by the LCRC expert/ART member in consultation with the investigator.

LCRC will attend accident scenes in rural areas and activate the Accident Response Team (ART) where they deem it necessary.

The Accident Response Team (ART) will be activated by the Nodal Point (10111) or LCRC to attend to accident scenes that occurred in the Metropole areas. As they are working 24 hour shifts, they should arrive on scene prior to LCRC. They will on arrival at a scene, decide whether LCRC must also be called to the scene or not. The ART must attend a scene as soon as they received notification about an accident by 10111.

Emergency Medical Services and Fire Rescue Services: These Services shall remove from any vehicle or scene, any patient/ people still alive, for medical attention.

This essential function will be carried out even if LCRC, Detective or ART have not yet arrived at a scene. They need not request permission from anybody to perform this life saving function, but need to be mindful of their equal responsibility to attempt to preserve all evidence that may be present on the scene. All obviously deceased persons will not be extricated – this is where there is a decapitation or severe charring. The decision to extricate will be made by the medical personnel on the scene as they have the statutory obligation to provide medical care for the patient.

All persons are considered patients until Emergency Medical Personnel have completed a Declaration of Death and this can only occur once the patient is extricated from the entrapment.

Where possible, rescuers must handle the scene with great care and take the necessary photographs before cutting the vehicle and removing the patients if that will not compromise the patient's health. Photos and statements and/or the names of the personnel that were on the scene must be made available as soon as possible to the investigator.

Removal of injured persons/patients from vehicles or scenes by SAPS members or other parties other than EMS and Fire and Rescue Services: This can only happen in extreme cases such as:

Where there is a possibility that the vehicle/train is unstable and may move causing further injuries to a patient.

The persons removing the injured patients must take all possible precautions to prevent further injuries and take note of the positions of the patients they were seated in before being removed.

The official must however remember that what is unsafe for the patient is just as hazardous to the rescuer and requires intensive rescue training and therefore only attempted in extreme emergencies and if the official is able to perform this function not causing injuries to him / herself.

4.3 Removal of Deceased / Body Parts from the scene:

Bodies can be removed from a scene before LCRC/ART arrives or before investigation is started or completed, under the following circumstances:

- Where there is a fire or hazardous material threat;
- If the body/bodies are blocking the road (only incidents of no foul play);
- Where a possibility exists that a body/bodies can be damaged if not removed;
- A member of the SA Police Service or any other involved agency must mark the body in the exact positions prior to the removal of the deceased or body part and ensure that photographs are taken and must be made available to the Investigating officer. An affidavit from the person who took the photographs will be obtained and will accompany the photos as they may be used as evidence in Court.
- The position of all deceased's must be noted e.g. driver, front left passenger, left rear passenger etc.

Bodies at accident scenes must be covered in an appropriate manner preferably a space blanket.

Bodies or body parts cannot be removed under any circumstances before LCRC/ART attends the scene where foul play is suspected or the scene is suspicious (if there is foul play suspected, it is a murder scene and the ART cannot perform the investigation, ART can only investigate accident scenes).

Fire and Rescue will be responsible for the clearing of all general hazards and FPS will ensure that all body parts, flesh, bone and tissue are collected from the scene.

4.4 Train Incidents/Accidents:

4.4.1 Removal of Bodies before LCRC attends the scene:

When a train fatality occurs, the following procedure was agreed upon:

- The Railway Police will attend to the scene in the rail environment.
- The Railway Police will notify the Detective in whose area the incident occurred and ensure that the person is declared deceased by medical personnel.
- The Railway Police will also immediately dispatch a member to open the inquest docket so that a CAS number is available.
- Once the Detective has arrived on scene, the Detective will determine the most likely manner of death (accident, e.g. if the deceased walked in front of the train whilst crossing the tracks or murder or suicide etc.)
- If it was that a person misjudged or did not notice the train, then the position of the deceased must be marked by the Railway Police and the train may then proceed so as to prevent a backup of trains and delaying thousands of commuters that can impact heavily on the economy.
- FPS may then be summonsed and the body immediately removed.

If a crime or foul play is suspected or there are body parts still attached to the train, the body cannot be removed until LCRC had been summoned to the scene and completed their scene photography.

Where it is suspected that one of the drivers was driving under the influence of alcohol or a narcotic substance at the time of the accident, the driver must be taken to hospital for blood/urine sample tests by the Railway Police.

PRASA / Transnet will be responsible for the clean- up of all incidents that occur in the rail environment.

It must be noted that an accident on the road and on a track cannot be dealt with in the same manner, as a train cannot be redirected to the other side of the road. The actions must be a lot quicker so as to ensure that the trains are not vandalised and remembering that all other trains will be delayed until the tracks are declared open for train traffic.

5. DEATH SCENE INVESTIGATION AND SCENE INFORMATION

The Forensic Pathology Service has a statutory requirement to perform a Death Scene Investigation at the Scene of Death/Crime and for all information related to the death, be recorded and photographed, with this information being made available to the Forensic Pathologist that performs the post mortem examination.

It is the sharing of this information, collected by the Detective and the Forensic Pathology Officer (FPO) that attended the scene with the Forensic Pathologist that ensures the highest quality Post Mortem Investigation is conducted. It also ensures that any contradictions or suspicious circumstances are brought to the attention of the Forensic Pathologist so that these anomalies can be explained, thereby guiding the investigation in the appropriate direction.

All the SAPS, Provincial, Local and Metro Traffic members must be sensitized to safeguard the scene and provide death scene information to the Forensic Pathology Officers on their arrival. Experienced members, including detectives, must not leave the deceased and the crime scene with inexperienced junior members in attendance that cannot provide adequate crime scene information to the Forensic Pathology Service. Detectives must remain at the scene until all deceased individuals are removed from the scene. Investigating Officers must attend all autopsies.

The following resolutions were taken in this regard:

- The Detective will remain on scene and carry over all important aspects and information relating to the death scene, informing FPS of all exhibits found on the scene and on the deceased, as well as forensic testing and specimens required by the Forensic Pathology Service. In other words, the Detective will give a detailed handover before leaving the scene.
- The Detective needs to attend each Autopsy and discuss the case with the attending Forensic Pathologist. The purpose is not only to hand over information, but to also receive all exhibits that are retrieved, thus minimizing the steps in the chain of evidence. If the detective is unable to attend the autopsy, he then needs to contact the Forensic Pathologist so as to discuss the case.

- It is not necessary for the detective to be present while the body is being eviscerated but should be available at the mortuary.
- The Detective must bring along the relevant DNA or other specimen collection kits to the Post Mortem.
- If the Detective needs to leave the scene urgently for another case, then this information needs to be handed over to the next senior member on scene who can then relay this to the Forensic Pathology Officer. The Detective will also provide his cell phone number so that he/she may be contacted by the Pathologist.
- The scene must remain cordoned off until the Forensic Pathology Service has concluded all activity, and preferably until the scene has been cleaned up.
- FPS will also take photographs of the death scene and make detailed notes of the death scene and record their observations.
- **No family or unauthorized person e.g. the media may be allowed to enter the cordoned off area.**
- No exhibits or specimens may be moved or tampered with until noted and photographed by LCRC and the Forensic Pathology Service.
- The family may not dress, undress, swap any clothing or remove any jewelry or personal effects from the deceased.
- No medical intervention paraphernalia may be removed by any Doctor, Medical or EMS staff or any by other person and all must remain in situ, this includes all Intravenous lines and attached bags, all airway devices, drains etc.
- LCRC will supply the Pathologists with all scene photos and autopsy photos that they took at the FPS Laboratories. The LCRC works according to predetermined targets on reaction times on finalization of albums which is 21 days after attending the scene. FPS must make an arrangement with the local LCRC where the photos are in urgent need.
- FPS will take custody of the deceased as soon as they receive a completed and signed SAP 180, declaration of death and any other notes and or exhibits that will be useful to the Pathologist.
- The Forensic Pathologist can play a vital role in assisting the Investigating Officer on the scene in many circumstances. They may offer advice, steer the investigation into a specific direction and may be able to assist in determining time of death etc.

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The following information must be noted:

- There is a standby Pathologist available 24 hours a day.
- The Pathologist can be contacted telephonically for advice.
- The standby list for the Pathologists in your area is available from the nearest Forensic Pathology Laboratory.
- If a Pathologist is required on a scene, they must be summonsed immediately and not wait until all other investigations have been finalized.
- The death scene must remain cordoned off pending the arrival of pathologist.
- If time of death determination is required, then it is imperative that the room temperature be kept as close as possible as to how the scene was initially discovered. Windows are not to be opened or closed. Restrict doors from being continually opened and closed as this will change the room temperature and affect the Pathologist's findings.

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6. SCENE SAFETY

The safety of all EMS, Rescue and FPS personnel on scenes is the responsibility of the SA Police Service, Provincial, Local Traffic, or Metro Police.

It was therefore agreed that the SA Police Service, Provincial, Local Traffic or Metro Police will:

- Continually look after the safety of all personnel on scene.
- When 10111 gives a call over to the appropriate call centres of the responding agencies, they will pertinently mention any hazards e.g. gang violence, public protests etc, so that the responding crews are aware of the dangers they may face.
- If any agency feels that an area is unsafe, they will report to the nearest police station for an escort.
- SAPS will then accompany all personnel to the actual scene and stand by on the scene and not just remain in their vehicles.
- Escort the responding agencies vehicles to the crime scene when the area is unsafe or if the crews feel unsafe.
- Ensure area remains cordoned off whilst the other services are at work and allow no unauthorized persons on to the scene e.g. media and breakdown services.
- Will keep an eye on all equipment and vehicles of the responding services whilst they are focused on their task at hand.
- Maintain strict crowd control allowing adequate space for the other agencies to perform their work unhindered.
- SAPS must safeguard the body and prevent any further injury until handed over to the Forensic Pathology Service. The official hand over between the two services will be when the SA Police hands over a signed SAP180 form and at this stage, FPS will take custody of the deceased. SAPS will still escort FPS out of an unsafe area, thus ensuring the safety of the FPS personnel and the deceased (exhibit).

One of the Provincial Traffic and local Traffic Services' primary functions is to also see to the safety of all role-players and other road users. The South African Police Service will handle the safety of all concern within the cordoned area and Provincial Traffic will control the safety of all outside the cordoned area. This will also therefore apply to all Traffic Services in attendance.

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7. MANAGEMENT OF APPARENT NATURAL DEATHS

The SA Police Service must be called out to every death scene so as to determine if a crime was involved or not and therefore whether it is a natural or an unnatural death.

7.1 Definition of Unnatural death

Any death:

- Due to physical or chemical influence, direct or indirect and/or related complications.
- Any death, including those that would normally be considered natural, which in the opinion of the Medical Practitioner, has been the result of an Act of commission or omission which may be criminal in nature.
- As contemplated in Section 48 of the Amendment Act of the Health Professions Act
- Where the death is sudden, unexpected and unexplained, or where the cause of death is not apparent.

7.2 Other Definitions:

Death Notification: (DHA1663): Obtained from a doctor after assessing the body and states cause of death. It is a requirement for the issuing of a death certificate by Home Affairs.

- Death Certificate: (BI-5 / BI-20) Issued by Home Affairs after receipt of the DHA1663.
- Death Declaration: Issued by a Medical Practitioner or an Emergency Care Practitioner with a qualification of Ambulance Emergency Assistant (AEA) or higher that declares that a person is deceased. *It does not state the cause of death.*
- Dead on Arrival: Issued by a Medical Practitioner in a hospital environment when a person arrived at the hospital and was found to be deceased.

7.3 How to Approach a Natural Death Case when there is a Medical History

- If not done, the SA Police Service must contact EMS or a Medical Practitioner to declare death i.e. to complete a death declaration form. EMS must notify SAPS via their Control Room if SAPS has not yet arrived at scene. EMS will however not be able to remain on such scene for the SA Police's arrival, due to their high call rate.
- SAPS must perform a thorough scene investigation to exclude foul play as referred to in the definition of Unnatural Death.
- Consult with family and exclude foul play.
- SAPS may confer with the EMS staff, Forensic Pathology Officers or even the On-Call Pathologist if they are unsure and need guidance.
- Determine the deceased's medical history and the treating Doctor.
- Determine if the treating Doctor will issue a DHA1663 (Notification of Death).
- If there is no foul play and the deceased was under a Doctor's treatment and a supporting medical history that may have led to the death, then provisionally no Inquest Docket is required. If the treating or hospital Doctor is unsure what they need to do, the On Call Forensic Pathologist can be contacted to assist the treating Doctor in what process to follow.
- Complete SAP 180
- Assist the family members in contacting a private undertaker. (Not a SAPS responsibility but they can assist the family members)
- Hand Declaration of Death and SAP 180 over to a family member.



- The SA Police must inform the undertaker that if he is unable to obtain a DHA1663, the Undertaker must notify SAPS and FPS within 48 hours of receiving the deceased and then the normal inquest process must be followed.
- If in doubt, contact the local Forensic Pathology Laboratory and they will arrange that the On Call Forensic pathologist will contact you.

7.4 How to Approach a Natural Death Case when there is no clear Medical History

- Contact EMS or a Medical Practitioner to declare death i.e. to complete a death declaration form. EMS must notify SAPS via their Control Room if SAPs has not yet arrived at scene.
- Perform a thorough scene investigation to exclude foul play as referred to definition of Unnatural Death.
- SAPS may confer with the EMS staff, Forensic Pathology Officers or even the On-Call Pathologist if they are unsure and need guidance.
- Consult with family and exclude foul play.
- If there is no medical history or if medical history is not deemed adequate, open an Inquest Docket and obtain the CAS number.
- Complete a detailed A1 statement for the Inquest docket including e.g. obesity, smoking, high blood pressure, diabetes, high cholesterol levels, next of kin details that provided information, circumstances of death, any observed injury to the body or presence of blood and any drugs/ medication on scene etc.
- Notify the Forensic Pathology Service.
- Hand over Case number, SAP 180, copy of the A1 affidavit (can be collected at the station immediately after the scene has been cleared) and the Declaration of Death to the Forensic Pathology Service.

- If in doubt, contact your local Forensic Pathology Laboratory and they will arrange that the on call Forensic pathologist will contact you.

7.5 In the case of death of a destitute individual, or where a Family cannot afford an Undertaker, and there is an adequate Medical History:

Contact contracted Undertaker. The name and telephone number can be obtained from your nearest FPS Facility.

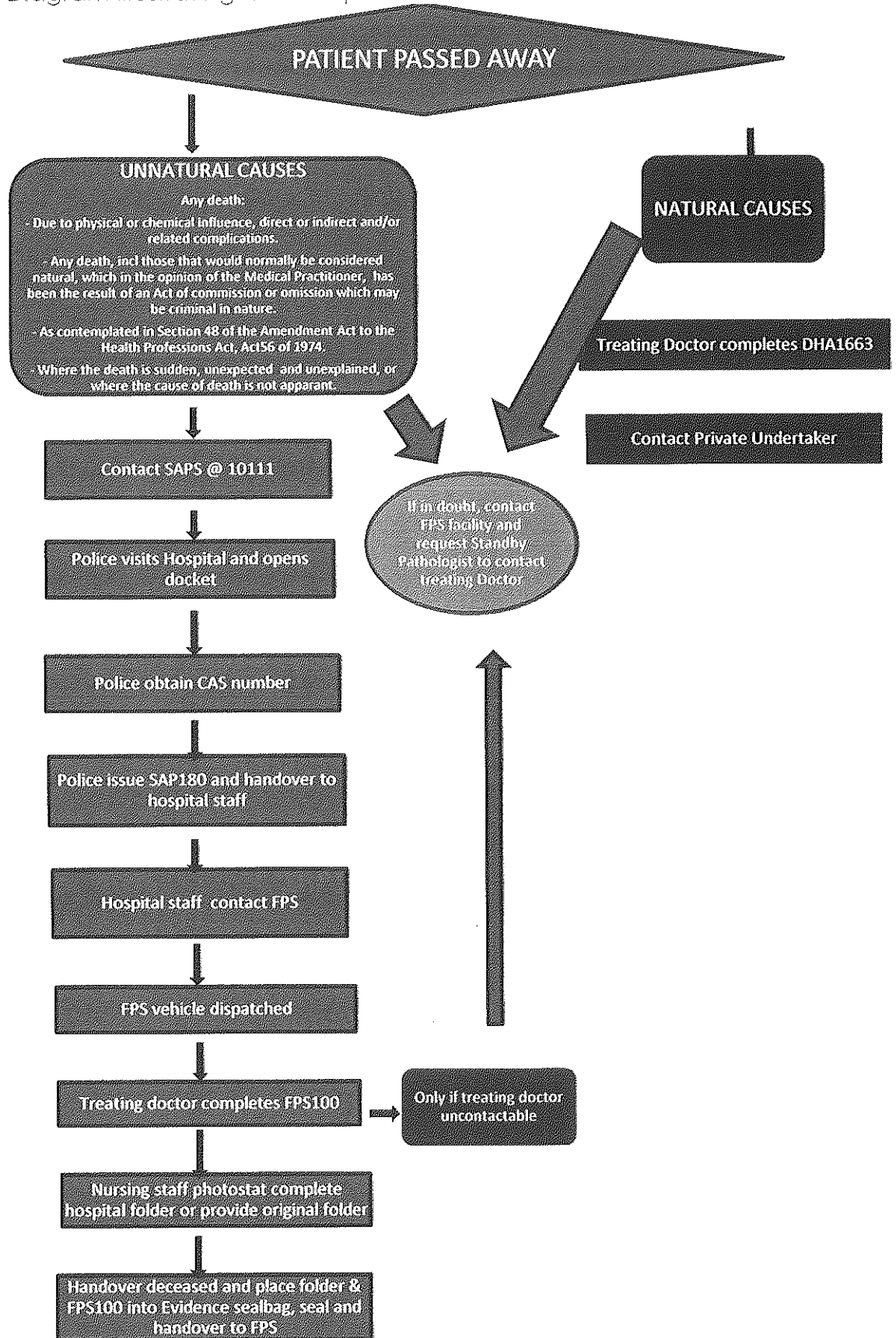
In Rural cases, contact your local FPS for contact numbers of undertakers that perform pauper burials in your area (if a contract is in place).

Complete a SAP 180.

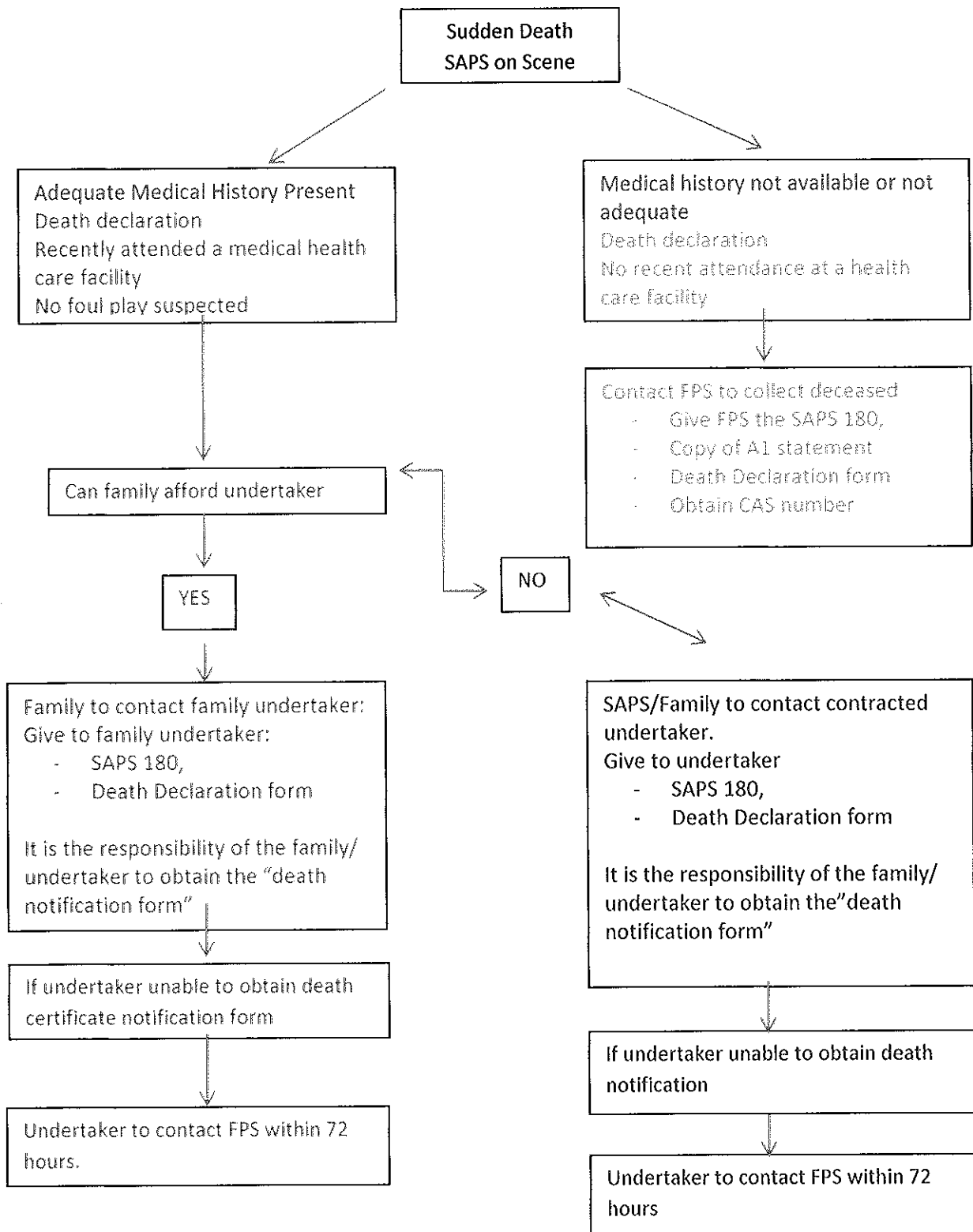
Give the completed death declaration form and SAP180 to the undertaker.

Under no circumstance will an inquest docket be opened in this situation to force the Forensic Pathology Service to then collect the body.

Flow Diagram illustrating how Hospital Cases are dealt with:



How to deal with Sudden Unexpected Unexplained Deaths
"Skielike Dood"



When in doubt, contact your nearest FPS Facility

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8. WHEN TO CONTACT A FORENSIC PATHOLOGIST

It is always recommended that the Detective on scene first telephonically contact the Forensic Pathologist on call to discuss the below mentioned cases prior to the Pathologist leaving for the scene. The Forensic Pathologist must be contacted by requesting your nearest Forensic Pathology Facility to have the Doctor contact you, on your cellphone.

Before making the call, the following criteria must be followed/ adhered to:

- Detective must be on scene during the telephonic conversation.
- The Forensic Pathologist must be called as soon as the facts have been ascertained and not later on in the scene investigation. This ensures that the Death Scene is not disturbed and that the environmental conditions have not changed much since the body was discovered e.g. Temperature, condition of deceased, blood spatter patterns, clothing etc.
- Detective must remain on scene until Pathologist arrives on the Crime Scene.

A Forensic Pathologist must be contacted on the following Crime Scenes:

- Suspected Rape Homicides – unclothed male or female, no underwear, obvious genital injuries, exposed breasts, condoms around body etc.
- All child murders (under 18 years)
- Suspected Elderly Abuse
- Where there is excessive force/violence
- Deaths in Custody
- Whenever Ballistics Unit, FSL are called out to scene.
- Excavations / Shallow Graves
- Aviation Accidents
- Diving and scuba related accidents
- Any major or mass incident
- Acts of Terrorism
- Presumed homicidal death of any member of the SANDF, SAPS and Local Government Law enforcement agencies;



- Unnatural death of any resident in State or private institutions, which includes but is not limited to: psychiatric facilities; places of safety; drug and addiction rehabilitation facilities; refugee facilities; older persons care facilities; facilities for the physically and mentally challenged
- IPID investigated cases (Deaths in Police Custody or as a result of SAPS or Metro Police action)
- Suspected human skeletal remains
- Presumed highly infectious disease;
- Possible 'muti' killings
- Any other case where the Detective would like the assistance of a Forensic Pathologist, even if it is a telephonic consultation.

The Forensic Pathologist brings a wealth of knowledge and experience to the crime scene and can greatly assist the Detective in the best methods to preserve evidence and assist and guide the Detective in the investigation of such case.

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9. DOCUMENTATION REQUIRED WHEN PERFORMING A FORMAL IDENTIFICATION

Due to the increase of syndicates fraudulently identifying deceased, the SA Police Service has requested that identifications must only be performed when the family brings an official form of identification of both the identifier and the deceased. This will include bar coded Identity Documents, Drivers licences or Passports. No certified copies or affidavits will be allowed.

The Forensic Pathology Service will therefore only accept the ORIGINAL above-mentioned documents. If the identifier does not have the required documents, then the identifier will be directed to the Department of Home Affairs to obtain the correct documents.

If the Identifier is unable to obtain the correct documents, then the Investigating Officer is the only person that can request the identification to continue by way of supplying FPS with a sworn affidavit to this effect and thus taking responsibility for the identification.

If a deceased is not registered at Home Affairs, it must be remembered that the family will not be able to obtain a death certificate and only a BI20 will be issued by them which is not accepted by insurance companies.

If the deceased is unidentifiable due to burning, decomposition etc. then both the Investigating Officer and the Facility Manager must jointly decide whether the identification may continue without utilising scientific identification methods e.g. DNA analysis, otherwise all identifications must be done using such scientific methods.

10. RECEIVAL OF DECEASED'S BROUGHT IN BY AMBULANCE

Emergency Medical Services have a challenge when a deceased passes away in their ambulances on route to a medical facility. The medical facility does not receive a deceased person and it is inhumane for the ambulance to return the deceased back to the place where the body was collected. It is common cause that ambulances drive around for hours looking for a place to offload the deceased and thus the ambulance is unavailable to respond to other life threatening injuries. It is also common cause that at the best of times there is a great shortage of ambulances.

A relevant example is where an ambulance collects a patient from Beaufort West and the patient dies before reaching a Primary or Tertiary hospital some 200-300 km's away and then has to turn around and drive the same distance back to drop off the deceased, a total distance of 400 – 500 km's.

The following procedure should then be followed:

- EMS to make contact with the family and notify them of the death. Try determine where they wish the body to be transported to – e.g. private undertaker (within reason)
- If the family cannot advise where to take the body, the rural District Hospital should be approached to accept the patient. (rural District Hospitals have since been requested to assist EMS in this regard – Dr R Crous).
- If the District Hospital does not accept the deceased, the body can be transported to the closest FPS Facility.
- FPS must receive and admit the case as a formal FPS case and the entire FPS process must be followed.
- EMS must supply FPS with their clinical notes/patient report form and any other information that they may have on the deceased.

FPS will contact the local police station who will open the case docket and issue a SAP 180 and then transfer the case docket to the area in which the incident occurred for further investigation. FPS will then perform the autopsy at the facility that the deceased was dropped off at. Although it may be a "natural case", as there is no Notification of Death, the Pathologists are mandated to perform such a Post Mortem examination to determine cause of death.

11. LIAISON OFFICERS

The SA Police will supply at least one liaison officer to each of the M3/ L4 Forensic Pathology Laboratories, which are Salt River and Tygerberg.

Their functions will include:

- Keeping stock of all necessary Evidence Collection Kits
- Alerting the Investigating Officers to the date and time that a Post Mortem will be conducted.
- Receiving all exhibits from the Forensic Pathologist, keeping exhibits stored in a locked safe and then handing over to the Investigating Officer with a chain statement in this regard.
- Ensuring each FPS case has a CAS number and updating the FPS system with such data.
- Verifying that each CAS number is correct as there is a tendency that FPS is supplied with incorrect CAS numbers so as to have the deceased immediately removed.
- Answering all queries and assisting Investigating Officers.
- Ensuring Inquest or Criminal dockets are opened from all cases received from the two Tertiary hospitals – Tygerberg and Groote Schuur Hospital.
- Taking sworn affidavits if required for the identification process.
- Liaising with all SAPS stations regarding outstanding exhibits or property that need to be collected by the Investigating Officer.
- Acting as a liaison between the FPS and the SAPS Provincial Commissioner's Office, Western Cape.

12. VICTIM IDENTIFICATION CENTRE (VIC)

Post Mortem Section

Specialists are to attend Post Mortems of Unknown victims and take their Fingerprints and DNA reference sample from the deceased. Scan fingerprints on AFIS and determine if persons can be identified by means of a Criminal Record and also forward to Dept. of Home Affairs for positive identification. DNA reference sample is handed to the FSL Biology Unit for analysis once comparison sample is released. The taking of Fingerprints and the DNA sample is only for identification purposes. Results are to be communicated with the Investigating Officer of the case and with the Forensic Pathology Service.

Ante Mortem Section

The centre may be requested to obtain the reference sample from the relatives of the deceased so as to assist with identification.

They will also assist in obtaining reference samples from the parents of missing children.

Victim Recovery

On request of LCRC or Detectives, the Centre will attend crime scenes to assist in the exhumation of bodies or human remains.

The VIC will attend scenes where bones or skeletons are found; however the responsibility to judge if remains are human or not, and thus whether the remains will be collected, remains that of the Forensic Pathologist.

The Centre will also assist in classification of graves whether being historical or forensic in nature.

Crime Scene Reconstruction

On request from the NPA or Detective Services a reconstruction of the crime will be performed by the VIC utilizing Biological Forensic Reports, statements and photographs. A 212 affidavit will then be issued.

Blood stain pattern analysis on clothing and blood spatter identification and analysis, if requested.

Entomology

The VIC will assist in documentation and collection of entomology samples at crime scenes to determine time of insect manifestation.

Attendance of mass Incidents

The VIC will form part of the task team dealing with mass incidents with specific duties towards the Identification of Victims. This includes documenting the mass incident scene, photography, and obtaining DNA samples.

13. ACKNOWLEDGEMENTS

This compilation of this Procedure Manual has spanned over a year with numerous and constructive inputs from various role players in this task team and their inputs are highly appreciated. The following persons are acknowledged for being part of the Task team to develop this Procedure Manual and for their dedication and inputs:

FORENSIC PATHOLOGY SERVICE

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Mr. W Mitten	Forensic Pathology Service	Facility Manager: Salt River
Dr Alli	Forensic Pathology Service	Forensic Pathologist
Dr L Liebenberg	Forensic Pathology Service	Specialist Forensic Pathologist
Mr. H Africa	Forensic Pathology Service	Acting Facility Manager

S A POLICE SERVICE

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Col Ndlovu	SA Police Service	Prov. Commander – Vispol
Col Matumbu	SA Police Service	Prov. Commander – Service Delivery
Col Smit	SA Police Service	Local Criminal record Centre
Col S Harri	SA Police Service	FCS Commander

Capt. Smith	SA Police Service	Local Criminal record Centre
Capt. L Fribus	SA Police Service	Railway Police
Capt. S Damons	SA Police Service	General Investigations
Ms Q De Villiers	SA Police Service	Provincial Secretary
WO S Waries (Adv)	SA Police Service	Legal services
Capt. L Grundling	SA Police Service	Legal Services
G Mkundana	SA Police Service	General Investigations
WO Van Staden	SA Police Service	General Investigations
WO P Herron	SA Police Service	Accident Response Team

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Dr. S De Vries	PGWC: EMS	Prov. Communication Centre
Mr. P Papu	PGWC: EMS	Prov. Ambulance Chief

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Mr I Bell	CoCT Fire and Rescue

DEPT OF COMMUNITY SAFETY

Adv. JC Gerber	Dept. of Community Safety
Adv. J Norris	Dept. of Community Safety
K H R Africa	Provincial Traffic Chief

METRO POLICE

Dir J Kitching	Metro Police	CoCT Metro Police
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2008

Alleged Cause of Death	Column Labels						
	Murder						
Police Station	Assault/blunt trauma	Shot	Stab	Combination	Poisoning	Burnt	Chop
Harare	11	18	59		1		3
Khayelitsha	21	43	99			1	
Lingulethu West	2	12	10				
(blank)	5	9	13				1
Grand Total	39	82	181		1	1	3

Alleged Cause of Death	Column Labels						
	Murder						
Suburb of injury	Assault/blunt trauma	Shot	Stab	Combination	Poisoning	Burnt	Chop
Harare	12	18	65		1		3
Khayelitsha	25	50	105			1	1
Lingulethu West	1	13	11				
Mitchells Plain	1						
Observatory		1					
Grand Total	39	82	181		1	1	3

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Murder Total	Grand Total
92	92
164	164
24	24
28	28
308	308

Murder Total	Grand Total
99	99
182	182
25	25
1	1
1	1
308	308

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2009

Alleged Cause of Death	Column Labels				
	Murder				
Police Station	Assault/blunt truama	Assault/sexual	Assault/Stab	Shot	Stab
Harare	26	3	2	22	47
Khayelitsha	36		5	38	60
Lingulethu West	3		1	13	26
Woodstock	1				
(blank)	2		1	1	8
Nyanga					1
Grand Total	68	3	9	74	142

Alleged Cause of Death	Column Labels				
	Murder				
Suburb of injury	Assault/blunt truama	Assault/sexual	Assault/Stab	Shot	Stab
Harare	24	3	2	22	43
Khayelitsha	38		6	42	76
Lingulethu West	4		1	8	22
Manenberg					1
Elsies River					
Mfuleni				2	
Parow	2				
Grand Total	68	3	9	74	142

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Murder						Murder Total	Grand Total
Abandoned Baby	Cut/Stab	Combination	Pushed of ...	Poisoning			
	1	1	1			103	103
	1	8	1			149	149
				1	1	45	45
						1	1
		1				13	13
						1	1
	2	10	2	1	1	312	312

Murder						Murder Total	Grand Total
Abandoned Baby	Cut/Stab	Combination	Pushed of ...	Poisoning			
		1	1			96	96
	1	9	1			173	173
				1	1	37	37
						1	1
	1					1	1
						2	2
						2	2
	2	10	2	1	1	312	312



2010

Alleged Cause of Death	Column Labels					
	Murder					
Police Station	Assault/blunt truama	Assault/sexual	Assault/Stab	Other	Shot	Stab
Harare	17	1	1		39	45
Khayelitsha	26		1	1	45	68
Lingulethu West	11				17	14
Mfuleni					1	
Mitchells Plain						1
Grand Total	54	1	2	1	102	128

Alleged Cause of Death	Column Labels					
	Murder					
Suburb of injury	Assault/blunt truama	Assault/sexual	Assault/Stab	Other	Shot	Stab
Harare	16	1	1		38	40
Khayelitsha	29		1	1	43	69
Lingulethu West	8				13	13
Mitchells Plain					1	
Parow						1
Pinelands					1	
Unknown	1					
(blank)					6	5
Grand Total	54	1	2	1	102	128

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Murder Strangle	Murder Total	Grand Total
4	107	107
1	142	142
1	43	43
	1	1
	1	1
6	294	294

Murder Strangle	Murder Total	Grand Total
4	100	100
1	144	144
1	35	35
	1	1
	1	1
	1	1
	1	1
	11	11
6	294	294

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CT

2011

Alleged Cause of Death	Column Labels					
	Murder					
Police Station	Assault/blunt truama	Assault/sexual	Assault/Stab	Other	Shot	Stab
Belhar					1	
Harare	23	2	3	2	53	53
Khayelitsha	35		4	1	67	74
Langa						1
Lingulethu West	4	1			10	13
Mfuleni	1					
Woodstock	1					
Grand Total	64	3	7	3	131	141

Alleged Cause of Death	Column Labels					
	Murder					
Suburb of injury	Assault/blunt truama	Assault/sexual	Assault/Stab	Other	Shot	Stab
Cape Town						1
Delft					1	
Harare	17	2	3	2	40	35
Khayelitsha	36		3	1	72	89
Lingulethu West	3	1			9	9
Manenberg			1			
Mfuleni					1	
Mitchells Plain	1				1	1
Observatory	4				2	4
Parow	3				4	2
Ravensmead					1	
Grand Total	64	3	7	3	131	141

Murder Strangle	Burnt	Combination	Murder Total	Grand Total
			1	1
2	1	1	140	140
2			183	183
			1	1
1			29	29
			1	1
			1	1
5	1	1	356	356

Murder Strangle	Burnt	Combination	Murder Total	Grand Total
			1	1
			1	1
1	1	1	102	102
2			203	203
1			23	23
			1	1
			1	1
			3	3
			10	10
1			10	10
			1	1
5	1	1	356	356


 6/1

2012

Alleged Cause of Death	Column Labels					
	Murder					
Police Station	Assault/blunt trauma	Assault/sexual	Shot	Stab	Burnt	Combination
Harare	21	1	40	68	2	4
Khayelitsha	26		58	87	3	
Lingulethu West	8		17	23		
Phillipi						
Tygerberg			1			
Woodstock				1		
Grand Total	55	1	116	179	5	4

Alleged Cause of Death	Column Labels					
	Murder					
Suburb of injury	Assault/blunt trauma	Assault/sexual	Shot	Stab	Burnt	Combination
Harare	18	1	34	62	2	4
Khayelitsha	27		67	98	3	
Kraaifontein	1					
Lingulethu West	6		14	17		
Observatory	1			1		
Parow	2		1	1		
Grand Total	55	1	116	179	5	4

Murder Pushed in front of ...	Murder Total	Grand Total
	136	136
	174	174
	48	48
1	1	1
	1	1
	1	1
1	361	361

Murder Pushed in front of ...	Murder Total	Grand Total
	121	121
1	196	196
	1	1
	37	37
	2	2
	4	4
1	361	361

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2013

Alleged Cause of Death	Column Labels					
	Murder					
Police Station	Assault/blunt truama	Assault/sexual	Burnt	Combination	Other	Shot
Belhar						1
Harare	33	1	2		1	23
Khayelitsha	30				2	1 34
Lingulethu West	8					12
Mfuleni	1					
Mitchells Plain						
Parow	1					2
Grand Total	73	1	2		3	1 72

Alleged Cause of Death	Column Labels					
	Murder					
Suburb of injury	Assault/blunt truama	Assault/sexual	Burnt	Combination	Other	Shot
Guguletu						1
Harare	24	1	1		1	20
Khayelitsha	40		1		2	1 40
Lingulethu West	3					9
Observatory	2					1
Parow	4					1
Grand Total	73	1	2		3	1 72

Murder				Murder Total	Grand Total
Stab	Strangle	Train			
				1	1
44	1			105	105
66	1	1		135	135
20	1			41	41
				1	1
1				1	1
				3	3
131	3	1		287	287

Murder				Murder Total	Grand Total
Stab	Strangle	Train			
				1	1
41	1			89	89
74	1	1		160	160
13	1			26	26
2				5	5
1				6	6
131	3	1		287	287


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