

Death Register Nr. 0188/2013

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A111

SCHEDULE OF OBSERVATIONS:

GENERAL: An adult white female.

- 1. **Height:** 175cm
- Mass:** 66kg
- Physique:** Average
- Nutrition:** Good

2. **Special identifying features:** The anteromedial aspect of the left lower leg displays an artistic tattoo comprising the word "Lioness".
 The upper part of the back displays tattooed text horizontally orientated across the midline, apparently comprising the words "solo dio puo giudicarmi".
 The anterolateral aspect of the right forearm displays artistic tattooing of the letters "als".
 There is an indistinct, old healed irregular scar (of a superficial nature) with cross sectional diameter approximately 25mm, on the anterior aspect of the left knee.
 There are bilateral curvilinear old healed surgical scars each measuring approximately 7cm in length (horizontally orientated), positioned below the left and right breasts respectively (in keeping with previous cosmetic surgical procedures for placement of silicon prostheses). There is an indistinct short linear scar at the superolateral margin of the right pectoral quadrant.

(See attached Annexure C showing the anatomic distribution of scars and tattoos)

3. **Secondary post-mortem changes:** Rigor mortis is present and the body has been mechanically cooled. Hypostatic lividity is visible mainly over the posterior aspect of the trunk.

4. External appearance of body and condition of limbs:

The body is presented to me in a zipped plastic body bag. The hands are covered with plastic SAPS evidence bags.

At the outset of this examination the body is not clothed, but separate / loose lying items of clothing are present within the plastic body bag, lying on the ventral aspect of the trunk of the deceased and comprising the following items:

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- o A pair of grey sports / casual shorts bearing the logo "NIKE". This item of clothing shows extensive blood staining, especially involving the right anterolateral aspect thereof. The elasticated waistband shows a small almost round defect of the material at the right front, in a position which approximately overlies one of the wounds noted on the body (right hip area – see wound numbered 4.5 below). The appearance is not inconsistent with having been caused by a projectile from a firearm. In addition, a small, almost circular defect is present in the material on the anteromedial aspect of the left upper leg, measuring approximately 5mm in diameter.

1106

- o A sleeveless black vest which displays extensive blood and tissue fragment staining over the right anterior aspect thereof. In addition, the vest displays multiple irregular and partially confluent defects of the material over the right half and frontal aspect thereof, at mid-vest height. Small tissue fragments are however also distributed over the rest of the front of the vest.
- o Upon initial inspection of the items of clothing, a misshapen projectile is retrieved

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SB

from the clothing. (Projectile)

Around the left wrist is a hospital-type plastic identification bracelet, upon which the numerals "48" have been written in ink (in keeping with prior placement of a mortuary identification bracelet). The left wrist also bears a Pretoria Medico-Legal Laboratory identification bracelet with reference number DR188/13.

Multiple external injuries are present on the body, these having been graphically illustrated on the attached sketch annexures, respectively labelled **Annexure A** (all external injuries), **Annexure B** (wounds which have the appearance of entrance and/or exit gunshot wounds or shrapnel-type injuries):

Entrance 4.1 In the right fronto-parietal area (hairy scalp) is a penetrating wound with irregular shape and irregular edges and with approximate maximal dimensions of approximately 37x26mm. The anterior margins of this wound display irregular lacerations and superficial, irregular abrasive injury. The appearance is consistent with that of an atypical partially tangential entrance gunshot wound, as may be caused by a deformed and/or irregularly shaped projectile. There is a subjacent penetrating wound tract which involves the skull (with partial fragmentation of the latter) and of which the bony defect is situated more towards the posterior aspect of the overlying scalp wound. The inferior margin of the skin wound measures approximately 170cm above the base of the right heel.

71126

Entrance

length 175cm

Exit 4.2 A further scalp wound, irregular in shape with irregular wound edges, is situated adjacent to the wound mentioned in paragraph 4.1, in the right tempo-parietal region and positioned postero-inferiorly to the former injury. This wound also has irregular lacerations at the periphery thereof but does not show obvious external or adjacent features of abrasion. The appearance is consistent with that of an exit gunshot wound. Subjacent to this injury is the abovementioned bony defect in the skull, situated towards the more anterior part of the overlying skin defect. There is a clear, short communicating subcutaneous tract which joins the wounds 4.1 and 4.2, consistent with what may be a connected entrance and exit gunshot wound / tract in this region, traversing the scalp tissues from front to back.

exit

4.3(a) On the distal aspect of the right upper arm, on the antero-lateral aspect thereof, immediately above the transverse skin fold of the elbow, is an oval shaped penetrating wound with almost longitudinal orientation of the long axis, measuring approximately 18x12mm. There is almost circumferential abrasion of the skin measuring approximately 1x1 tot 2mm in width, but with eccentric accentuation of this collar of abrasion towards the distal margin of the wound, where the abraded collar measures approximately 5mm in width. Surrounding this penetrating wound are multiple further minor irregular abrasive injuries of the skin (being approximately 8 in number) which appear to only involve the superficial layers of the skin and which vary in diameter from approximately 1mm to 3x1mm in size. These wounds have the appearance of having possibly been caused by multiple small fragments or shrapnel, in keeping with a projectile which may have penetrated an intermediary target before the skin was struck. The smaller injuries are orientated in an almost circumferential distribution around the entrance wound, spanning an area with maximal diameter approximately 7cm. There is mild associated bluish discoloration of the skin due to subcutaneous haemorrhage in this area.

Entrance

unstable deformed projectile

Wood

4.3 (b) The posterior aspect of the right upper arm, situated immediately above the elbow, displays a gaping irregular skin wound with prominent exposure of the underlying

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muscle and soft tissues. There is extrusion of tissue from the wound. The wound edges are irregular in areas and partially serrated and torn. This wound measures approximately 60x50mm in maximal dimensions. There is a further smaller wound situated adjacent to the former wound on the lateral aspect thereof (in approximately the 3-o'clock position related to the larger defect) and which also has an irregular shape with irregularly torn wound edges. Soft tissue herniates from this wound also. This wound measures approximately 16x10mm. The overall appearance of these two wounds is consistent with that of exit gunshot injury, probably caused by a projectile (or portions thereof) together with possible secondary projectile injury, including possible bony fragments. There is bluish discoloration of the skin surrounding these wounds.

4.4 The right anterior chest shows a grouping of abrasions, situated infero-medially to the right breast (in approximately the 5-o'clock position) and slightly above the lower anterior rib edge. The largest of these abrasions measures approximately 17x14mm but there is no penetration of the skin. Adjacent to this wound (and situated approximately 1cm medially thereto) are two further small irregular abrasions each measuring approximately 4mm in diameter. In addition, there are surrounding multiple smaller abrasive injuries to the skin, varying in diameter from 1 to 2mm with only superficial involvement of the skin. These satellite wounds are spread over an area with a maximal diameter of approximately 37x26mm. The inferior margin of the largest of the abrasions measures approximately 117cm above the base of the right heel.

1123

4.5 At the front of the right hip, approximately overlying the superior anterior iliac spine, is an oval shaped penetrating skin wound with longitudinal orientation of the long axis thereof. This wound measures approximately 21x15mm and has a prominent surrounding collar of abrasion which varies from 1 to 2mm in width, but with eccentric accentuation thereof at the supero-medial margin of the wound, where the collar of abrasion is approximately 8 to 9mm in width. The overall appearance is consistent with that of an entrance gunshot wound. Surrounding this wound is distinct bruising discoloration of the skin, but no signs of secondary or shrapnel injuries are noted. The lowermost margin of this wound measures approximately 92cm above the base of the right heel.

1104

chance

4.6 At the base of the left 3rd finger, with partial involvement of the interdigital skin fold connecting with the index finger, is an almost round wound measuring approximately 20x14mm. An indistinct partial peripheral collar of abrasion is noted at the base of the middle finger, with an overall appearance which is consistent with a penetrating gunshot wound with direction coming from the dorsal aspect of the hand. Irregular skin and body contours here complicate reliable conclusion in this regard. No obvious surrounding secondary projectile or shrapnel injuries are noted here.

1111
2114

could of other way round

4.7 Over the left iliac fossa, approximately at the same height / level as the wound numbered 4.5, are two separate but adjacent superficial abrasions of the skin, respectively measuring 3x1mm and 1x1mm (with the larger of the two wounds being positioned more medially).

1113(2)

clothing wood

4.8 The dorsal aspect of the right forearm, immediately proximally to the wrist, displays a number of superficial small abrasions, measuring from 1 to 2mm in diameter with minimal associated underlying contusion / discoloration of the skin, distributed over an area with measurements approximately 45x20mm. The appearance is not

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HEAD AND NECK

5. **Scalp and skull:** The wound numbered 4.1 above displays a tract which traverses the cranial cavity from front to back in a downward direction, towards the midline. There is fragmentation of the fronto-parietal skull with an irregularly ovoid bony defect measuring approximately 24x14mm (with the long axis orientated in approximately an antero-posterior direction). There is however fragmentation of the surrounding bony parts, with partial displacement thereof, predominantly in an outward manner but also inward. There is indistinct bevelling on the inner surface of the skull in association with the bony defect, consistent with a probable entrance gunshot wound at this site. However, at the posterior margin of the fragmented bony defect, there is also outward bevelling on the outer table, in keeping with the appearance of a "key hole" ballistic defect of the skull, possibly indicative of a tangential entrance gunshot wound and/or partial projectile exit in this area. In addition, there is extensive associated subcutaneous haemorrhage.

1125
1126

Bone
fragment

There are multiple further irregular and linear cracks / fractures involving the right temporal and parietal bones and sutures as well as the anterior and middle cranial fossa floors.

Upon removal of the brain a deformed, irregular and jagged projectile is found to be lodged within the inner table in the base of the right occipital fossa. This projectile has a predominantly black metal jacket with jagged / sharp protrusions, which partially surround an irregular lead core, the overall appearance being not inconsistent in appearance with so-called "Ranger"-type ammunition. There is no apparent fracture of the overlying outer table of the skull in this region.

Projectile

max
tissue
damage

6. **Intracranial contents:** As described above, the brain displays an irregular wound tract extending from the right fronto-parietal region to involve predominantly the right hemisphere in a downward direction, with extensive parenchymal destruction and laceration of the brain. With serial sectioning of the brain a number of small bony fragments as well as small metal fragments (projectile fragments) are identified, the latter measuring approximately 1mm in diameter on average. There is patchy but widespread film-like acute subdural haemorrhage over the right and left hemispheres of the brain. There is also extensive parenchymal destruction of the right cerebellar hemisphere, in relation to the deformed projectile found in the skull base. Blood is seen in the 3rd, 4th and right lateral ventricles of the brain.

7. **Orbital, nasal and aural cavities:** There are fractures of the base of the skull.

8. **Mouth, tongue and pharynx:** Contain a moderate amount of blood. There are no signs of injury to the lips, buccal mucosa, the teeth or the tongue.

9. **Neck structures:** There are no signs of soft tissue injury to the neck structures.

CHEST

10. **Thoracic cage and diaphragm:** There are no signs of deep injuries to the chest wall. Only superficial subcutaneous and muscle tissue bruising is present in relation to the wound numbered 4.4. No rib fractures are seen. No prevertebral soft tissue injuries are noted.

Bilateral cosmetic silicon prostheses are present within the breasts.

11. **Mediastinum and oesophagus:** No abnormalities noted.

12. **Trachea and bronchi:** The airways are clear.

13. **Pleurae and lungs:** The lungs are moderately congested in the hypostatic regions bilaterally but show no other obvious abnormalities.

14. **Heart and pericardium:** The pericardial sac, heart valves and coronary arteries appear within normal limits. The myocardium is moderately pale. A prominent irregular subendocardial ecchymotic haemorrhage is present within wall of the left ventricle (in the interventricular septum).

15. **Large blood vessels:** The aorta and other large vessels of the chest and neck are within normal limits.

ABDOMEN

16. **Peritoneal cavity:** There is very extensive soft tissue haemorrhage and haematoma formation in the pelvic area in relation to the abovementioned gunshot tract (related to the wound numbered 4.5 above), involving especially the right lateral and lower pelvic region. There is extensive soft tissue bruising and haematoma formation involving the right psoas muscle where extensive traumatic emphysema is also present, also involving the deep pelvic soft tissues and retroperitoneal fascia. A small amount of free blood is present in the abdominal cavity, but extensive deep tissue haematoma formation is present (not quantified). There is a palpable and partially fragmented bony defect involving the right hip bone (ilium).

17. **Stomach and contents:** The stomach contains approximately 200ml of partially digested food residue, with the appearance of primarily vegetable matter and with a slightly green and grey colour in which whitish, cheese-like particles may be seen. The mucosa appears unremarkable. *shows*

18. **Intestines and mesentery:** The intestines show no obvious abnormalities (not opened) except for minimal mesenteric emphysema in the pelvic region.

19. **Liver, gall-bladder and biliary passages:** The liver is moderately pale but displays no other abnormalities. The gallbladder is within normal limits.

20. **Pancreas:** Is moderately pale but shows no other abnormalities.

21. **Spleen:** The spleen is moderately pale.

22. **Adrenals:** No abnormalities noted.

23. **Kidneys and ureters:** The kidneys are moderately pale.

24. **Urinary bladder and urethra:** The urinary bladder contains a small amount of turbid urine.

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25. **Pelvic walls:** See paragraph 16 above, with extensive haematoma formation and a fracture defect involving the right pelvic bone. Deep dissection of the right gluteal region (following a posterior approach), reveals irregular wound tracts but yielding only small irregular shrapnel / metal fragments (confirmed with transillumination). Extensive deep and posterior haematoma formation is present.

26. **Genital organs:** No abnormalities noted.

SPINE

27. **Spinal column:** No visible or palpable injuries to the spinal column are seen with routine dissection.

28. **Spinal cord:** Not exposed.

SPECIMENS RETAINED:

NATURE OF SPECIMENS	NATURE OF INVESTIGATION REQUIRED	DISPOSAL OF SPECIMENS
1. Blood (axillary vessels)	Alcohol	Handed to mr H Venter for sealing with seal number PMK093354.
2. Blood (axillary vessels)	Prescription and illicit drugs	Handed to mr H Venter for sealing with seal number PMK093068.
3. Blood	DNA analysis	Sealed with PA5000066152H handed to W/O B van Staden Pretoria LCRC.
4. Sexual assault evidence collection kit i. hair fibres from trunk and limbs ii. Single hair from right hand iii. Single hair from left hand iv. Hair from right upper arm (entrance gunshot wound) v. Nail clippings right hand vi. Nail clippings left hand vii. Scalp hair sample viii. Blood sample FTA "microcard" ix. Blood - cotton swab	Laboratory examination for / as trace evidence	Sealed with 09D1AC8262XX handed to W/O B van Staden Pretoria LCRC.

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5. Projectile from clothing	Ballistic examination	Handed to W/O B van Staden Pretoria LCRC sealed in SAPS evidence bag with seal number <u>PA5000066150F</u>
6. Projectile from skull base	Ballistic examination	Handed to W/O B van Staden Pretoria LCRC sealed in SAPS evidence bag with seal number <u>PA5000066151G</u>
7. Items of clothing	For possible further examination	Handed to W/O B van Staden Pretoria LCRC sealed in SAPS evidence bag with seal number PA3000076121C (shorts) and PA3000076122D (vest)

ADDITIONAL OBSERVATIONS:

- DHA-1663 reference number: C165588.
- This post mortem examination was attended by the following persons:
 1. W/O H Botha (SAPS Crime Investigation Service - Investigating Officer)
 2. Dr SH Rossouw (Head: Clinical Unit, Forensic Pathology Service, Pretoria)
 3. Col I van der Nest (SAPS Victim Identification Unit)
 4. W/O M van Ens (SAPS Victim Identification Unit)
 5. Col van der Merwe (SAPS Crime Scene Management)
 6. W/O Mahlangu (SAPS Crime Scene Management)
 7. LtCol Motha (SAPS Ballistics Unit)
 8. Lt Modisane (SAPS Ballistics Unit)
 9. Dr R Perumal (independent forensic pathologist)
 10. W/O B van Staden (SAPS photographer, Pretoria LCRC)

HISTOLOGICAL REPORT: None.

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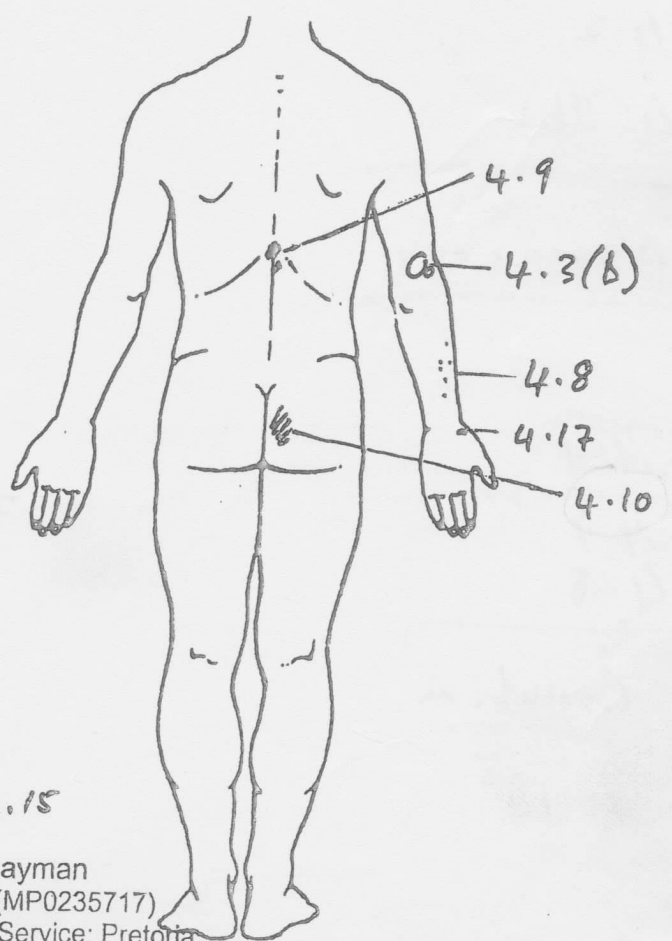
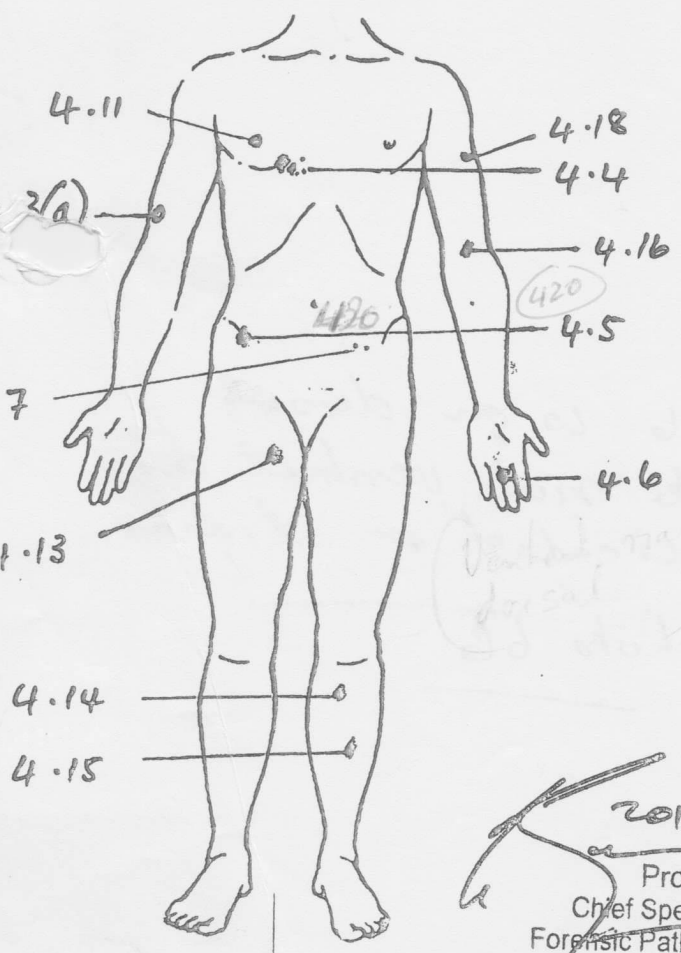
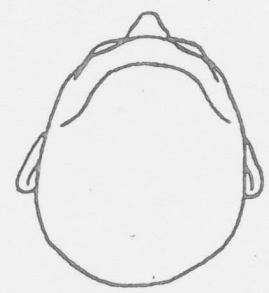
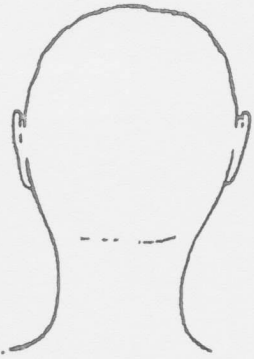
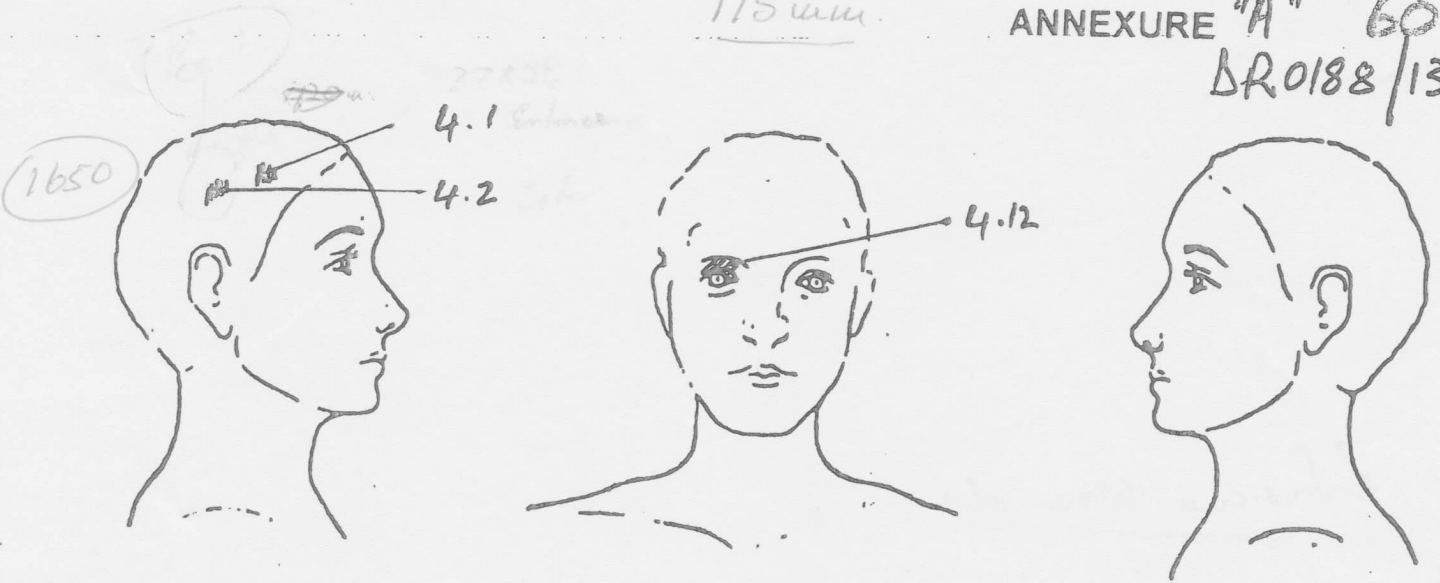
A.P.60
(10)

175mm

ANNEXURE "A"

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DR0188/13



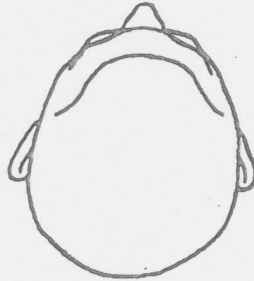
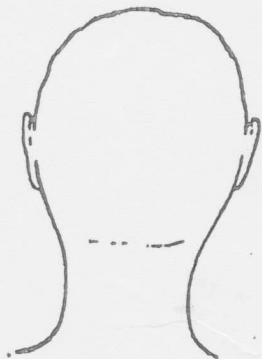
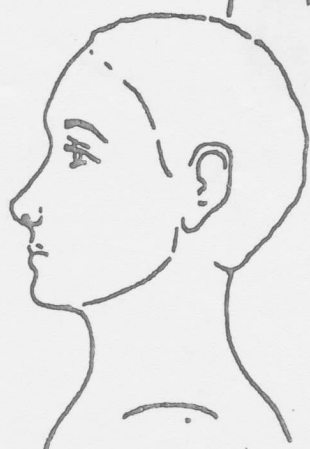
2013.02.15

Prof G Saayman
 Chief Specialist (MP0235717)
 Forensic Pathology Service: Pretoria
 P/Bag X323, ARCADIA, 0007
 Tel.: 012 - 323 5298

Indented occipital
uncrossed
notched

4.1 incapacity

4.2



No furrows to
ear

3(a)

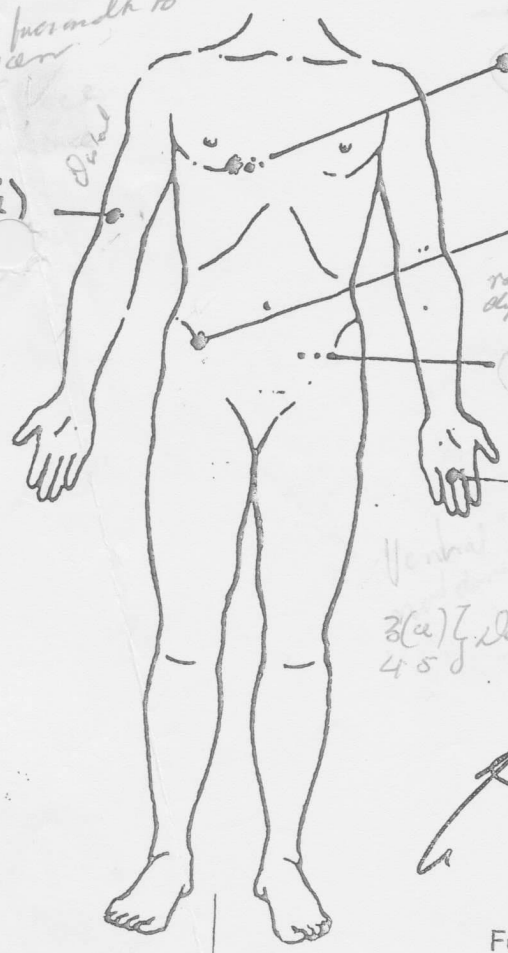
4.4

Depth 50%
(detach in shols)

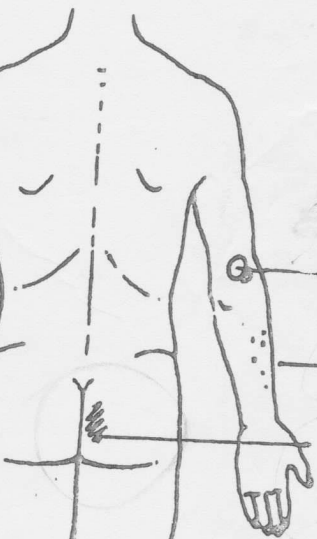
4.5 instability
collapse
raise from one leg but
difficult

4.7

4.6



3(a) Depth
4.5

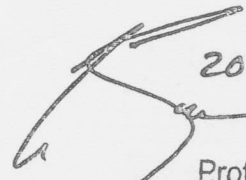


4.3(b)

4.8

4.10

2013.02.15

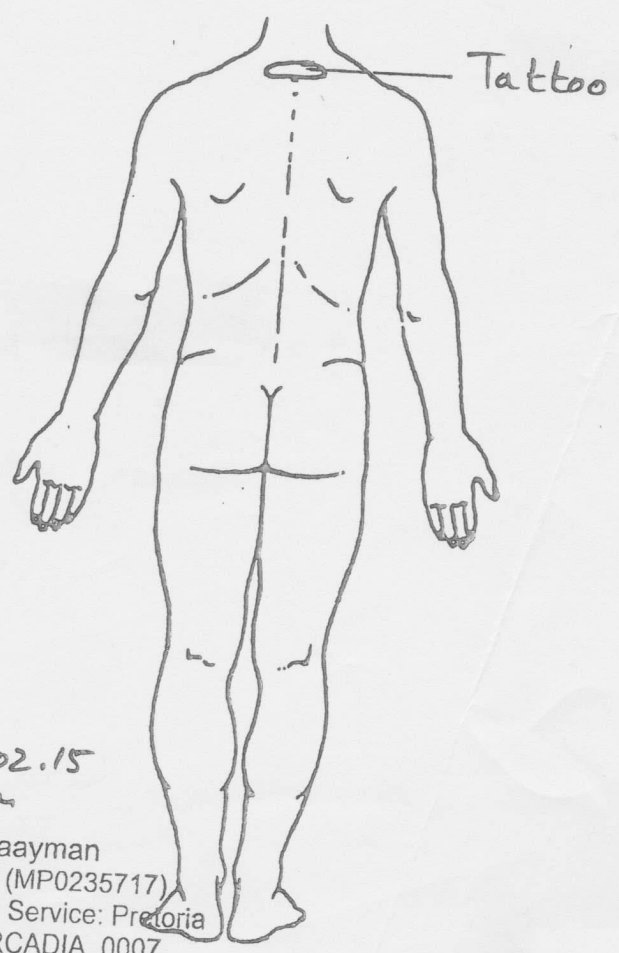
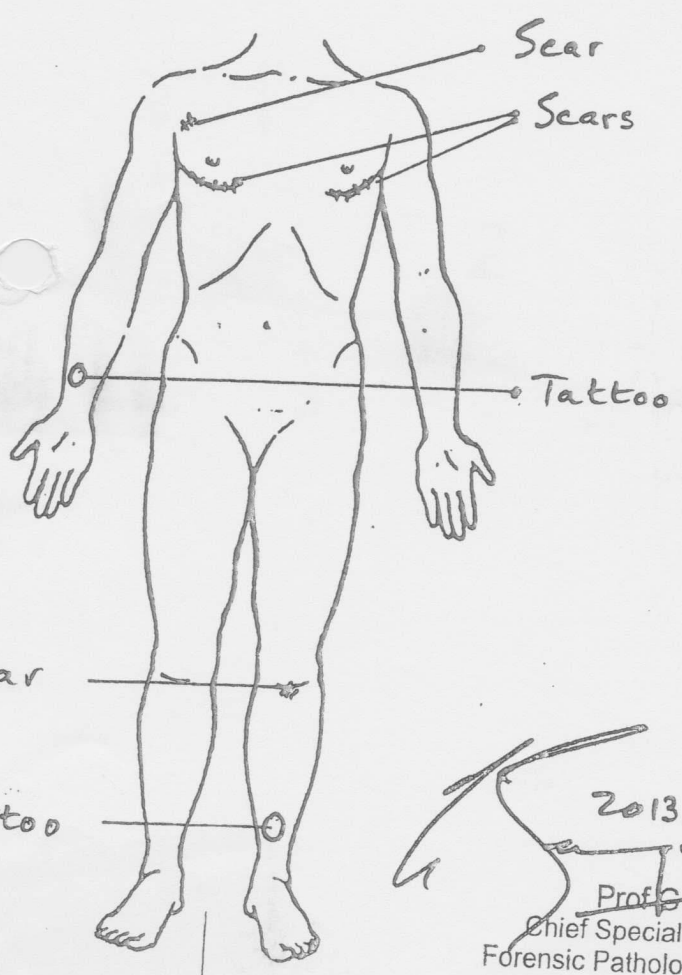
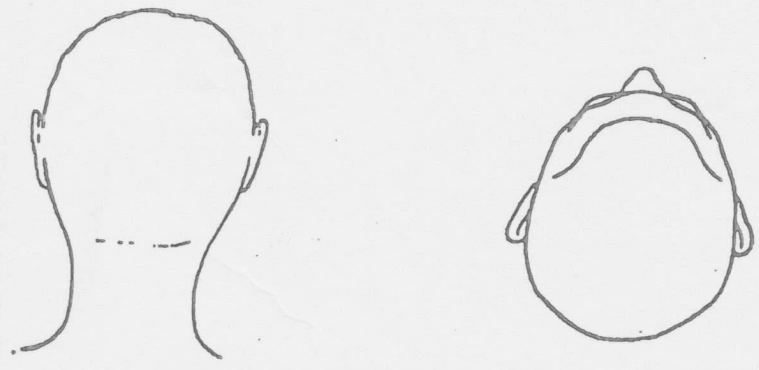
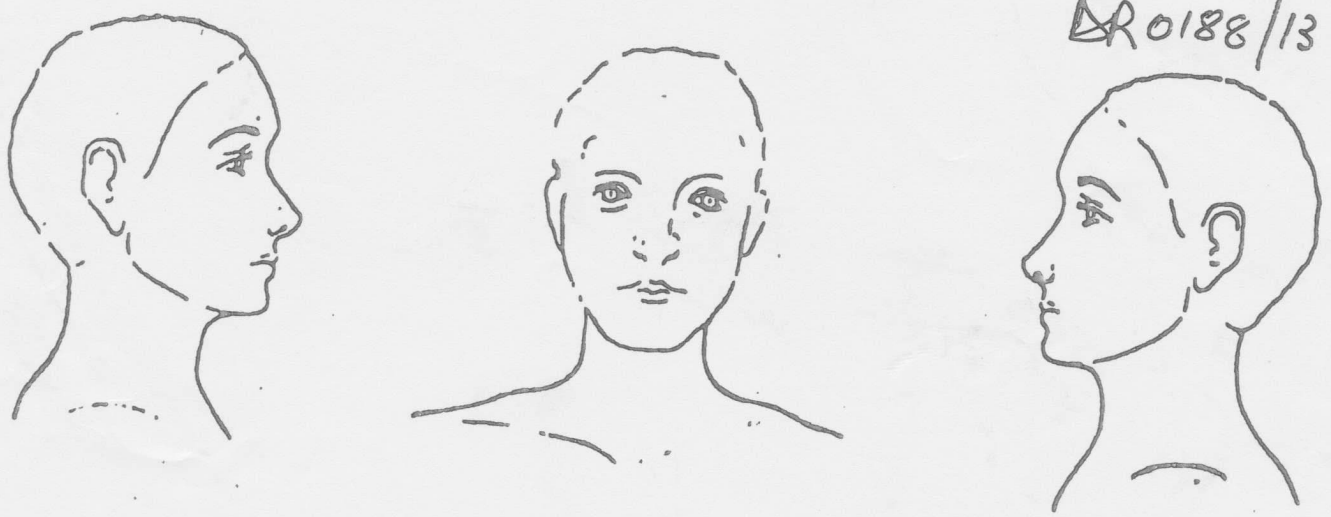


Prof G Saayman
(Chief Specialist (MP0235717))
Forensic Pathology Service: Pretoria
P/Bag X323, ARCADIA, 0007
Tel.: 012 - 323 5298

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A 111
(12)

ANNEXURE "C" 62
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2013, 02, 15
Prof Saayman
Chief Specialist (MP0235717)
Forensic Pathology Service: Pretoria
P/Bag X323, ARCADIA, 0007
Tel.: 012 - 323 5298