REPUBLIC OF SOUTH AFRICA

Police Station: ..... CAS/ No ..... / ..... / .....
Name of Investigating officer: ..... Contact No:.....

REPORT ON A MEDICO-LEGAL EXAMINATION BY A HEALTH CARE PRACTITIONER

To be diligently completed electronically or in legible handwriting and signed on every page

PART I

CERTIFICATE IN TERMS OF SECTIONS 212(4), 212(8) AND 213(3) OF ACT 51 OF 1977 (AS AMENDED)

I, Hannah Arthur
(Full names and Surname)

hereby certify as follows:

- I am in the service of the *~~State/in the service of or attached to a university in the Republic in my capacity as~~

*registered medical practitioner/nurse/other *(please specify)* general practitioner

- On the 28 day of 5 *(month)* 2025 *(year)* at 11 H 45 *(time of examination)*

- and at Walmer Intercare *(state place where examination took place)*, I examined the person indicated in Part II, Paragraph B.1 (page 2 of 6) of this **J88** form.

- I recorded my findings and observations on pages 2 to 6 of this **J88** form and any additional pages indicated. The facts recorded on pages 2 to 6 of this **J88** form, including any additional pages used where indicated, were established by means of an examination requiring skill in anatomy and pathology.

- In the performance of my official duties:

* a) I received and collected from ..... *(name of person/institute/ State department or body)* clothing; object/s; specimens and/or tissue described in this **J88** form.

* b) I delivered or dispatched to ..... *(name of person/institute/ State department or body)* the clothing, object/s, specimens and/or tissue specified in this **J88** form.

- * I packed and marked the clothing; object/s; specimens and/or tissue in the manner described in this **J88** form.

The contents of this **J88** form is true to the best of my knowledge and belief and I am making this statement knowing that, if it were tendered in evidence, I would be liable to prosecution if I willfully stated in it anything I knew to be false or which I do not believe to be true.

DATED AT Walmer Intercare *(place)* ON THE 28 DAY OF May *(month)* 2025 *(year)* AT 11 H 45 *(time)*.

..... SIGNATURE OF HEALTH CARE PRACTITIONER

Hannah Arthur
..... PRINT NAME AND SURNAME

Dr Hannah J Arthur
Practice Nr 014000 0280860 MP0948[illegible]6
Kings Court, Buffelsfontein Road
Walmer, Port Elizabeth
Tel Nr 041 395 9600
STAMP OF HEALTH CARE PRACTITIONER

(NB: Section 212(4) and 212(8) provide for a certificate issued in terms of either of these sections to constitute, upon its production at criminal proceedings, prima facie proof of the facts alleged.)

*** Delete which is/are not applicable***

PART II

DETAILS OF MEDICO-LEGAL EXAMINATION

A. DETAILS OF PRACTITIONER AND FACILITY

1. Name of health facility/practice: Walmer Intercare	2. Physical address of facility/practice: Kings Court Shopping Centre
3. Telephone number of facility/practice: 041 395 4600	4. Fax number of facility/practice: —
5. Qualifications of practitioner: MB ChB	6. Registration number of practitioner: MP0949876
7. Cellular phone number of practitioner: —	8. Email of practitioner: walmer@intercare.co.za
9. Fax number for practitioner: —	10. Health care facility/practitioner's patient record no: —

B. PATIENT INFORMATION

1. **Full names and surname** (of patient): Martinique du Plessis	**Consent to Examination:** *Signature of patient*
2. Gender of patient: Male / (Female)	3. Date of birth/age of patient: 30/10/1989
4. Patient accompanied by: No one	5. People present during examination and capacity: None

C. MEDICAL HISTORY

1. Intellectual disability noted:
   - None — Yes / (No)
   - Possible impairment — Yes / (No)
   - Definite impairment — Yes / (No)

   Specify: .....

2. Other impairments or disabilities noted:
   - Hearing impairment — Yes / (No)
   - Visual impairment — Yes / (No)
   - Mental illness — Yes / (No)
   - Other disability — Yes / (No)

   Specify: .....

3. Relevant medication taken: None

4. Relevant medical history that can assist with differential diagnosis (State source & method of obtaining information e.g. patient him/herself, third persons: e.g. parent or caregiver, medical records or combination. Indicate if an interpreter was used as well as the language that was interpreted): Patient gave the history herself with no interpreter. Patient is a known asthmatic - well controlled

5. History of the alleged assault and/or rape e.g. date and time (State source & method obtaining information e.g. patient him/herself, third persons: e.g. parent or caregiver, medical records or combination. Indicate if an interpreter was used as well as the language that was interpreted): Patient was allegedly assaulted on 23/5/25 by several women known to her. She was pushed, pulled and punched several times. It occurred late in the evening around about midnight, according to the patient

Signature of health care practitioner

D. HISTORY OF RELEVANCE TO A SEXUAL OFFENCE (delete if not applicable)

1. Since the alleged offence took place has the patient:

Wiped	Yes / No	Bathed/washed	Yes / No
Urinated	Yes / No	Defecated	Yes / No
Showered	Yes / No	Swam	Yes / No
Been exposed to rain	Yes / No		

2. Menstruating

At time of alleged sexual offence:	Yes / No
Since the alleged sexual offence:	Yes / No
Currently menstruating:	Yes / No

3. During alleged sexual offence was:

Condom used:	Yes / No
Lubricant used:	Yes / No

4. Currently pregnant: Yes / No

If yes, indicate Duration: __ weeks

5. Ever had vaginal delivery: Yes / No

If yes, indicate Number: __

E. GENERAL EXAMINATION

1. Physical Appearance

a. Height _____ cm b. Weight _____ kg

c. General body build: *Frail /Normal /Muscular /Obese /Other: _____ Percentiles (children only): _____

2. Clothing

a. Left clothes at the scene: Yes / No (If yes, move to section E 3)

b. Changed clothes: Yes / No

If clothing is available:

c. Torn/ripped/damaged: Yes / No Specify item of clothing: _____

Describe: .....

.....

.....

d. Stained: Yes / No Specify item of clothing: _____

Possibly blood: Yes / No Swabbed: Yes / No

Describe where on clothing: .....

.....

.....

Possibly semen Yes / No Swabbed: Yes / No

Describe where on clothing: .....

.....

Other: Yes / No Swabbed: Yes / No

Nature of specimen: _____

Describe where on clothing: .....

.....

.....

e. Clothing collected for Forensic analysis Yes / No } **Record sample seal number in Section H**

If yes, list the items: .....

.....

.....

3. Clinical evidence of drugs / alcohol **at time of examination** (e.g. Nystagmus, ataxia, slurred speech, dilated pupils):

Patient was seen by myself 5 days later - no samples were taking.

Intoxicated / drugged	Yes / No
Blood samples taken	Yes / No
Alcohol evidence collection kit completed	Yes / No
Urine samples taken	Yes / No

} **Record sample seal number in Section H**

* ***Delete which is/are not applicable***
Mark appropriate block

Signature of health care practitioner

F. CLINICAL FINDINGS

Clinical findings: Describe the nature, position, extent and estimated age of the abrasion, bruise, cuts, laceration, scars or other injury together with its possible causation (add pages if required). Indicate whether any of the injuries are life threatening. The general position of all injuries must be noted on the sketches

On examination patient was awake and alert. She had normal vital signs with a high-normal blood pressure reading which could be from pain or stress. Patient had bruises over her left upper arm, left and right forearm. Bruises over both hip bones, and upper part of both thighs. No abrasions. No open wounds. No other injuries noted. The injuries are in keeping with the patient's history

G. SPECIFIC EXAMINATIONS

G.1 ORAL EXAMINATION (delete if not applicable)

1. Gums	2. Frenulum of tongue
3. Frenulum of upper and lower lips	4. Tongue
5. Palate	6. Teeth
7. Inside of cheeks	8. Other

G.2 ANAL EXAMINATION (delete if not applicable)

1. Perineum	
2. Acute injuries:	
3. Mucocutaneous changes:	
Skin surrounding orifice:	Orifice:
4. Venous engorgement	
5. Dilatation	

G.3 MALE GENITALIA EXAMINATION (delete if not applicable)

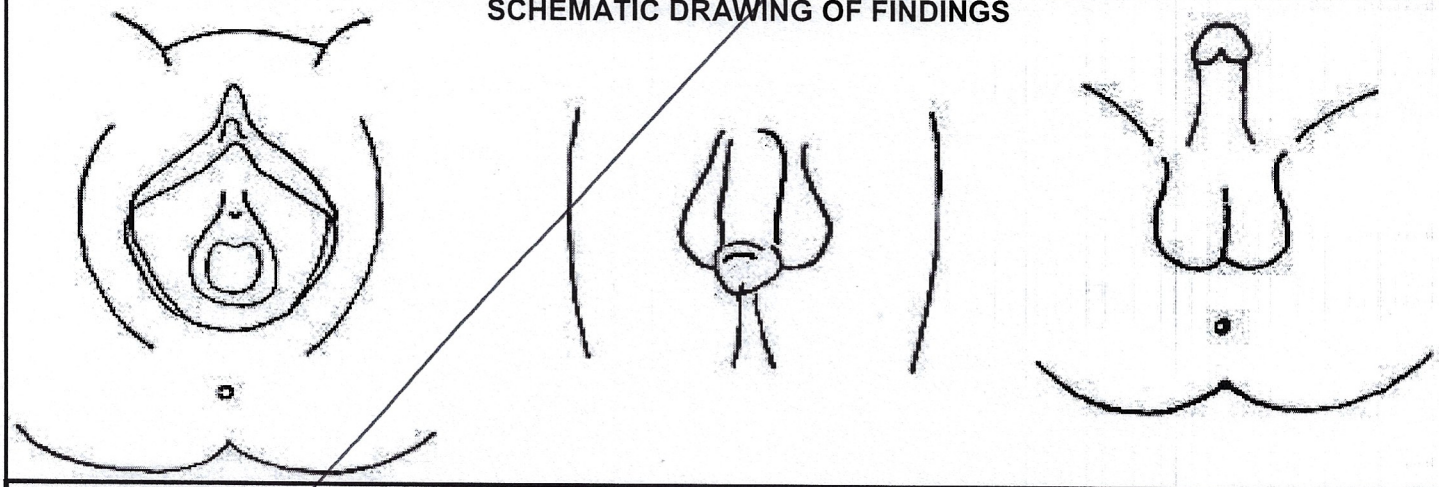
1. Genital development (children) Tanner stage 1-5: ☐	2. Pubic hair (children) Tanner Stage 1-5: ☐
3. Prepuce & frenulum	4. Glans
5. Shaft	6. Scrotum

Signature of health care practitioner

G.4 GYNAECOLOGICAL EXAMINATION (delete if not applicable)

1. Breast development (children) Tanner stage 1-5: ☐	2. Pubic hair (children) Tanner Stage 1-5: ☐
3. Mons Pubis	4. Clitoris
5. Frenulum of clitoris	6. Urethral orifice
7. Labia Majora	8. Labia Minora
9. Posterior fourchette/Commissure	10. Vestibule Fossa navicularis Paraurethral area
11. Hymen Configuration: Posterior rim: Margin or edge of hymen:	
12. Vagina	13. Discharge (describe)
14. Cervix	15. Other injuries noted:

SCHEMATIC DRAWING OF FINDINGS



H. SPECIMENS COLLECTED FOR INVESTIGATION (delete if not applicable)

1. Sexual assault evidence collection kit seal no./ sticker	2. Alcohol collection kit seal no./ sticker
3. Clothing kit seal no./ sticker	4. Urine and/or other samples (specify & provide seal no.)

I. TECHNOLOGY USED (delete if not applicable)

Photographs taken	Yes / No		Colposcope used	Yes / No
Name of photographer:			Toluidine Blue used	Yes / No
			Other (specify):	

J. ADDITIONAL PAGES USED AND ATTACHED

Number of pages added: .....

K. CONCLUSIONS (take account of history and all findings, both positive and negative)

Motivate reasons for conclusions made: .....

The injuries are in keeping with the patients history

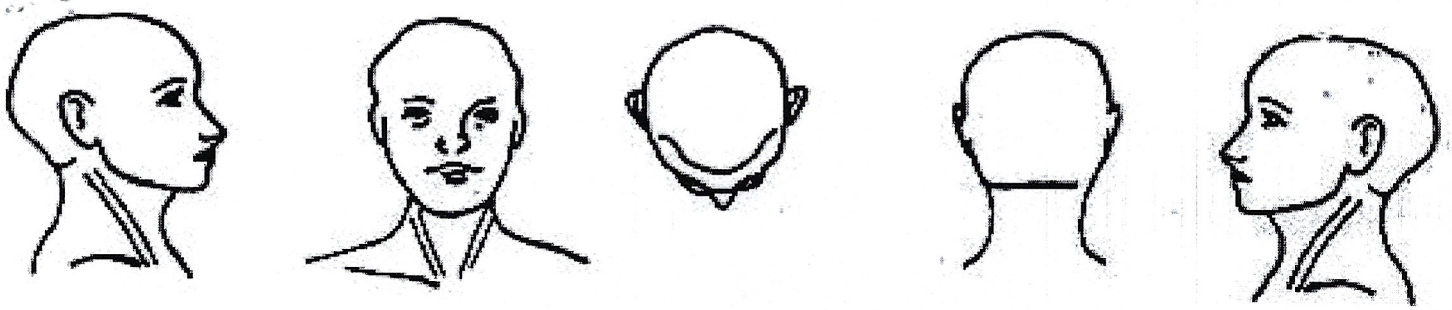
L. TRANSFER DETAILS

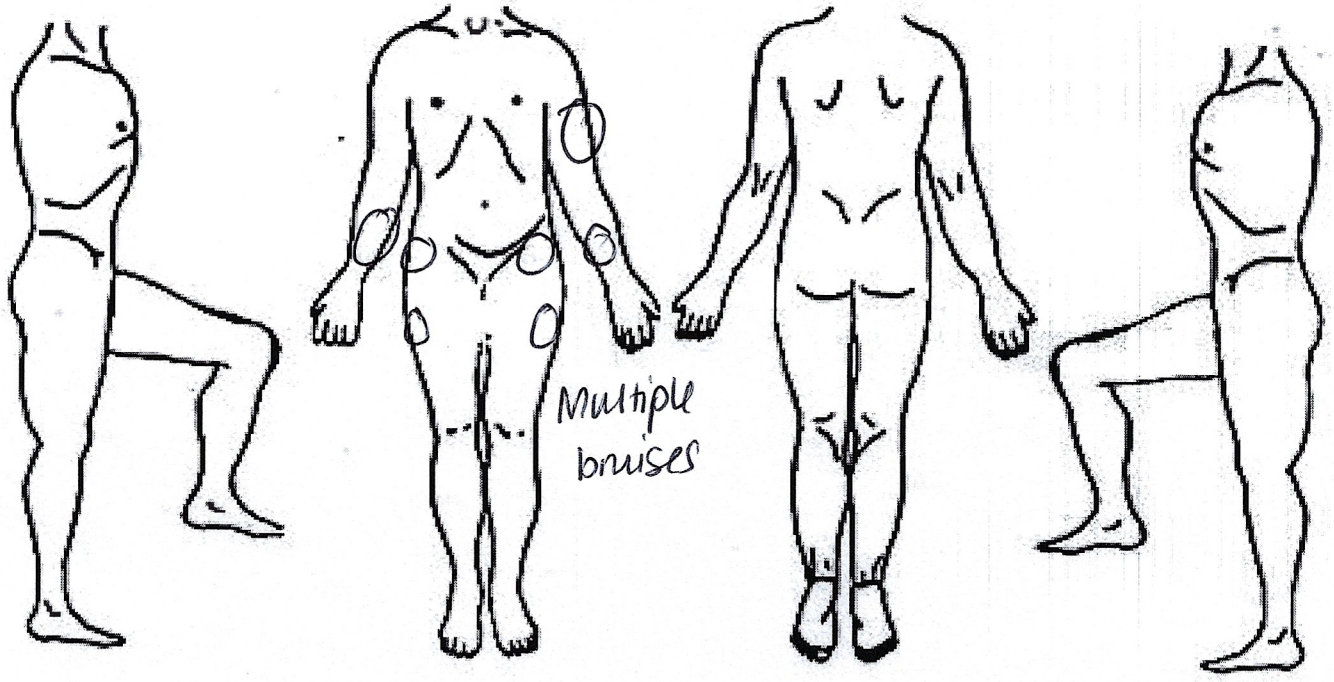
J88 form handed to:

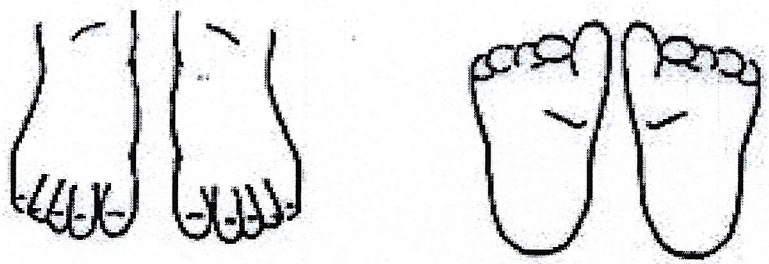
Name: Hannah Arthur Rank: general practitioner

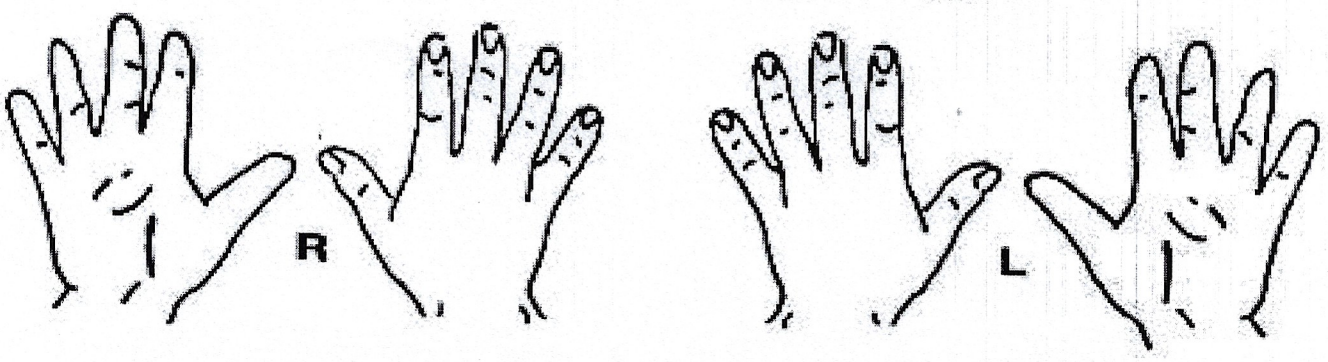
Signature: Contact No.: 011 3959600

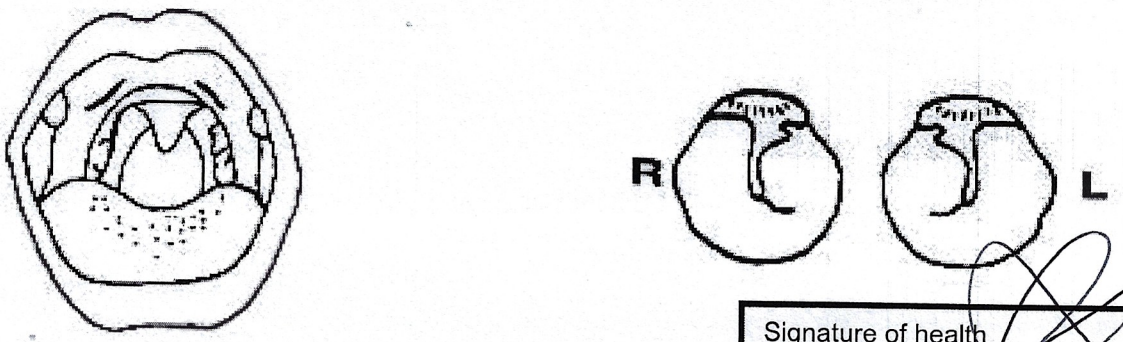
Signature of health care practitioner











Signature of health care practitioner

Dr Hannah Arthur
MBChB MP:0949876

Dr. Lynda Pascoe & Ass. Inc.
MEDIESE PRAKTISYNS / MEDICAL PRACTITIONERS
Pr No: 0280860

Walmer
King's Court Shopping Centre
Cnr Buffelsfontein & Titian Rd, Walmer
PO Box 211102, Figtree, Port Elizabeth, 6033

Intercare
Medical & Dental Centre

Tel: 041 395 9600
Fax: 041 395 9601
Walmer

28-05-2025

Re: MISS MARTINIQUE DU PLESSIS
Date of Birth: 30 October 1989
Cell: 0825206767
Medical Aid: DISCOVERY
Medical Aid No: 505041740

To whom it may concern,

The above mentioned patient was seen by me on 28/5/25. She was allegedly assaulted on Friday (23/5/25) late evening. According to the patient it was people known to her and occurred during a social braai at someone's house in Sherwood.

On examination patient is awake and alert. Neurologically in tact. Normal vital signs, high-normal blood pressure, which is unusual for the patient and could be from pain or stress.

She had bruises over her left upper arm, left and right forearm. Bruises over both hip bones and upper part of both thighs. There were no abrasions or open wounds. No other injuries noted.

I prescribed the patient analgesia.

Kind regards
Dr Hannah Arthur
MBChB

Please return report to file.walmer@intercare.co.za