

**FORM 1**  
**REPORTING OF MATTER BY STATION COMMANDER, MEMBER OF THE SOUTH**  
**AFRICAN POLICE SERVICE OR MUNICIPAL POLICE SERVICES**  
 (Regulation 2(1))

Complaint Details			
CAS/CR No/Inquest No		Province	
Date of Incident		Time of Incident	
Reported to SAPS	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Reported to SAPS	
Incident relates to :			
<input type="checkbox"/> Death in police custody			
<input type="checkbox"/> Death as a result of police action			
<input type="checkbox"/> Discharge of firearm by police officer			
<input type="checkbox"/> Rape by police officer			
On Duty <input type="checkbox"/> Off Duty <input type="checkbox"/>			
<input type="checkbox"/> Rape of person in police custody			
<input type="checkbox"/> Torture/assault by police officer			
Complaint Description (Use additional folios if necessary)			

<b>Complainant Details</b>			
Role in the case	<input type="checkbox"/> Complainant <input type="checkbox"/> Third party		
ID Number		Passport Number	
Title		First Name	
Middle Name		Surname	
Landline		Mobile	
Fax		Email	
Nationality		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Disabled status	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Address (if complainant is willing to disclose this)			
Country		City	
Suburb		Postal Code	
Preferred contact Method (e.g. Email, SMS, Fax)			

<b>Police Details (Reporting Station/Unit/MPS)</b>			
Policing Unit		Policing Entity (E.g. SAPS, MPS)	
Police Station			
Investigating Officer First Name		Investigating Officer Middle Name	
Investigating Officer Surname		Investigating Officer Rank	
ID Parade Held	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ID Telephonically Informed	<input type="checkbox"/> Yes <input type="checkbox"/> No		
ID Official incident reported to		Date of Call	
		Time of Call	
Title of Person Reporting Incident			
First Name of Person Reporting Incident		Middle Name of Person Reporting Incident	
Surname of Person Reporting Incident			
District Surgeon Notified	<input type="checkbox"/> Yes <input type="checkbox"/> No		
District Surgeon First Name		District Surgeon Middle Name	
District Surgeon Surname		District Surgeon Tel	
<b>Victim Details</b>			
Nationality		ID Number	
Passport Number			
First Name		Middle Name	
Surname			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		Race
Age			
Next of Kin Notified	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Location of Body			
Responsible Person for death / injury	<input type="checkbox"/> Himself/Herself <input type="checkbox"/> SAPS/MPS Member(s) <input type="checkbox"/> Inmates <input type="checkbox"/> Vigilantes / Members of the public <input type="checkbox"/> Other		
Responsible Person (Other)			
Cause of Death	<input type="checkbox"/> Suicide <input type="checkbox"/> During Apprehension <input type="checkbox"/> In transit with SAPS vehicle <input type="checkbox"/> Natural Causes <input type="checkbox"/> Self-defense <input type="checkbox"/> During escape <input type="checkbox"/> Due to motor vehicle accident <input type="checkbox"/> Unknown <input type="checkbox"/> Other		

Classify Deceased	<input type="checkbox"/> Suspect <input type="checkbox"/> Sentenced <input type="checkbox"/> Witness Protection <input type="checkbox"/> Awaiting trial <input type="checkbox"/> Mental patient		
Detainee	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Reason for Detention			
Place where Death Occurred			
Instrument / Object Causing Death			
<b>Service Member's Details</b>			
Identified	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rank	
Persal Number		ID Number	
Initials			
First Name		Middle Name	
Surname			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	
Duty Station		Duty Station Unit	
On Duty	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Identified	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rank	
Persal Number		ID Number	
Initials			
First Name		Middle Name	
Surname			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	
Duty Station		Duty Station Unit	
On Duty	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Identified	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rank	
Persal Number		ID Number	
Initials			
First Name		Middle Name	
Surname			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race	
Duty Station		Duty Station Unit	
On Duty	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Contact Number			
Vehicle Registration Number			
Description of vehicle:			

Station Commissioner's Rank:
Station Commissioner's Full names:
Station Commissioner's Signature: