

INITIAL INCIDENT REPORT

REPORTING OF ACTS OF VIOLENCE AGAINST PERSON(S) ON FARMS AND SMALL HOLDINGS

THIS REPORT SHOULD BE FAXED WITHIN 24 HOURS AFTER AN INCIDENT ON A FARM OR SMALL HOLDING			
CIAC (NODAL POINT)		DIVISION: VISIBLE POLICING	
Facsimile No: 012 347 2309	Attention: Col JC Strauss	Facsimile No: 012 421 8473/ Baloyimf@saps.org.za	Attention: Brig JC Le Roux/ Col MF Baloyi
INSTRUCTIONS			
<p>Indicate with an x in the appropriate space, or complete in writing, if applicable.</p> <p>If the space provided is inadequate for any of the required information, please attach a separate sheet of paper to capture the additional information.</p> <p>Indicate the appropriate numbering, if an additional sheet of paper is used.</p>			
1	Provide the following information:		
1.1	Police Station:		CAS No:
1.2	Type of incident	Murder	
		Attempted Murder	
		Rape	
		Assault GBH	
		Robbery	
		Armed Robbery (including vehicle hi-jacking)	
		Intimidation	
		Arson	
		Malicious Damage to Property	
1.3	Type of Premises :	Farm	Small Holding
	Physical Address:		
1.4	Particulars of the owner/occupier of the farm/small holding where the incident took place:	Initials and Surname:	
		Is the owner/occupier the victim?	YES NO
		Indicate the level at which farming activity is taking place	Commercial Farming
			Subsistence Farming
			Guest Farm Residence

1.5	Date and time of the incident:		Date:					
			Time:					
1.6	Particulars of the investigating officer:		Rank, Initials and Surname:					
			Tel No:					
			Fax No:					
			Cell No:					
2 Provide the following information in respect of the victim(s):								
2.1	Initials & Surname:		Age:		Gender:		M	F
	Race:		African	Indian	Coloured	White		
	Nationality:				Identity No:			
	Reason for being on farm/small holding:		Farmer	Visitor	Farm worker	Resident	Unknown	
	Describe nature of injuries sustained or cause of death, if applicable:							
2.2	Initials & Surname:		Age:		Gender:		M	F
	Race:		African	Indian	Coloured	White		
	Nationality:				Identity No:			
	Reason for being on farm/small holding:		Farmer	Visitor	Farm worker	Resident	Unknown	
	Describe nature of injuries sustained or cause of death, if applicable:							
3 Provide the following information in respect of the suspect(s): (If more than two (2) suspects are involved please attach additional information on a separate sheet of paper)								
3.1	Initials & Surname:		Age:		Gender:		M	F
	Race:		African	Indian	Coloured	White		
	Nationality:				Identity No:			
	Indicate the nature of the relationship between the suspect and the victim:		Employer	Visitor	Farm worker/ employee	Resident/ Occupier	Unknown	
	Residential/Work Address:							
	Indicate identifiable characteristics:							

3.2	Initials & Surname:			Age:		Gender:	M	F
	Race:	African	Indian	Coloured		White		
	Nationality:			Identity No:				
	Indicate the nature of the relationship between the suspect and the victim:	Employer	Visitor	Farm worker/ employee		Resident/ Occupier	Unknown	
	Residential/Work Address:							
	Indicate identifiable characteristics:							
3.3	Indicate if any remarks were made by the suspect(s)/ attacker(s):							
4	Provide the following specific information in respect of the incident:							
4.1	A brief description of the incident: <i>(Modus operandi, how was access gained, etc)</i>							
4.2	Indicate the suspected motive that led to the incident: <i>(Robbery, land claim, labour related, revenge, etc)</i>							
4.3	Indicate if any weapons were used during the incident:							
4.4	Indicate any items that were robbed or any damage to property that occurred:							
4.5	Indicate if the farmer/farm worker(s) were involved and what was the nature of their involvement:							

5	Provide the following general information:	
5.1	Indicate if a shop/farm stall is situated on the farm/ small holding:	
5.2	Indicate whether any follow-up operations were conducted. (If no suspects were arrested - provide details of the operation)	
5.3	Indicate whether information of the incident was available prior to the incident and whether the incident was stopped/foiled - provide details?	

DETAILS OF THE MEMBER THAT COMPILED THE REPORT	
RANK, INITIALS AND SURNAME:	
CELL PHONE NO:	
TELEPHONE NO:	
FACSIMILE NO:	
SIGNATURE:	
DATE:	

PROGRESS REPORT

REPORTING OF ACTS OF VIOLENCE AGAINST PERSON/S ON FARMS AND SMALL HOLDINGS

THIS REPORT SHOULD BE FAXED OR FORWARDED VIA E-MAIL TO THE FOLLOWING OFFICES WITHIN SEVEN (7) DAYS AFTER THE INCIDENT, IF ADDITIONAL INFORMATION IS AVAILABLE.

CIAC (NODAL POINT)	DIVISION: VISIBLE POLICING
Facsimile No: 012 347 2309 Attention: Col JC Strauss	Facsimile No: 012 421 8473/ E-mail: Baloyimf@saps.org.za Attention: Brig JC Le Roux/ Col MF Baloyi

INSTRUCTIONS

Indicate with an x in the appropriate space or complete in writing, if applicable.
If the space provided is inadequate for any of the required information, please attach a separate sheet of paper to capture the additional information.
Indicate the appropriate numbering, if an additional sheet of paper is used.

1	Provide the following information:							
1.1	Police Station:		CAS No:					
1.2	Date and place of the incident:			Date:				
				Place:				
1.3	Particulars of the Investigating Officer:			Rank, Initials and Surname:				
				Tel No:				
				Facsimile No:				
				Cell No:				
2	Provide the following information in respect of the suspect(s) that were arrested following the incident: (If more than two (2) suspects were arrested please attach additional information on a separate sheet of paper)							
2.1	Initials & Surname:			Age:		Gender:	M	F
	Race:	African	Indian	Coloured	White			
	Nationality:			Identity No:				
	Date of Arrest:			Indicate who arrested the suspect. (SAPS/Community)				
	Indicate where the arrest took place?			Did the suspect confess to anything?	YES	NO		
	Residential/Work Address:							
	Are the suspect(s)	Employer	Visitor	Farm worker/	Resident/	Unknown		

	known to the victim, indicate relationship			employee	Occupier	
2.2	Initials & Surname:		Age	Gender	M	F
	Race:	African	Indian	Coloured	White	
	Nationality:		Identity No			
	Date of Arrest:		Indicate who arrested the suspect: (SAPS/Community)			
	Indicate where the arrest took place:		Did the suspect confess to anything?		YES	NO
	Residential/Work Address:					
	Are the suspect(s) known to the victim, indicate relationship?	Farmer/ Employer	Visitor	Farm worker/ employee	Resident/ Occupier	Unknown
2.3	Are the suspect(s) connected to the crime scene, specify?	YES	NO			
2.4	Could the suspect(s) be linked to any other cases or crimes, specify?	YES	NO			
2.5	Did the attacker(s) say anything to the victim(s) during the commission of the crime, specify?	YES	NO			
3	Provide the following information in respect of the evidence/exhibits:					
3.1	Was a forensic investigation done?	YES	NO	Were positive fingerprints found?	YES	NO
3.2	Were footprints lifted on the scene?	YES	NO	Were any of the stolen property recovered?	YES	NO
3.3	Were the victim(s) threatened prior to the attack, specify?	YES	NO			
4	Provide the following information in respect of firearms stolen/recovered during/after the incident:					
4.1	Were any firearm(s) robbed/stolen?	YES	NO	Serial No:		
				Make:		
				Caliber:		
				Type: (Revolver etc)		
4.2	Were any firearm(s) recovered?	YES	NO	Indicate date of circulation		
5	Provide the following information in respect of the motive as established from available					

information/investigation:					
5.1	What was the motive for the crime from according to the investigating officer?				
5.2	What was the motive according to the suspect(s)?				
6 Provide the following information in respect of the pending investigation:					
6.1	Was a warrant of arrest issued?	YES	NO	Indicate the	
6.2	Was feedback given to the complainant?	YES	NO	Indicate the	
				How was	
6.3	Were there any previous attacks/incidents on the premises, provide detail?	YES	NO	CAS No:	
				Details:	

DETAILS OF MEMBER COMPILING REPORT	
RANK, INITIALS AND SURNAME:	
CELL PHONE NO:	
TELEPHONE NO	
FACSIMILE NO:	
SIGNATURE:	
DATE:	