

BUITEPASIËNTE EN/OF ONGEVALLE AFD. • OUTPATIENT AND/OR CASUALTY DEPT.

AK2702 C4

..... *NS* HOSPITAAL • HOSPITAL PASIËNT • PATIENT No. **33202/92**

Naam voluit
Name in full *FLORENCE STUNNIGAN*

Huisadres
Residential address *F-213 POLAR PARK*

TORONTO Foon
Phone No.

Huwelikstaat
Marital state *S* Geslag
Sex *F* Ras
Race *BLACK*

Beroep
Occupation *U/E* Geboortedatum
Date of birth *26/4/48*

Volgno.
Serial No.

| | | |
|---------------|-------------|-------------|
| Datum • Date | VM. A.M. | NM. P.M. |
| <i>9/4/92</i> | <i>7.50</i> | |

Opgeneem
Admitted

Indeling
Classification *II*

Dr.

Naam van persoon verantwoordelik vir betaling van rekening
Name of person responsible for payment of account

Sy/Haar adres • His/Her address *Self*

Naam van werkgewer • Name of employer *AS ABOVE*

Adres van werkgewer • Address of employer *U/EMPLOYER*

Naam van siekefonds
Name of sick fund S/F
S/F No.

*Jaarlikse gesinsinkomste • Annual family income
Uit alle bronne From all sources

Broodwinner • Breadwinner R *NO INCOME*

Vrou • Wife R

Ander afhanklikes • Other dependants R

Totaal • Total R *NO INCOME*

*Getal persone in gesin (broodwinner ingesluit)
Number of persons in household (including breadwinner) *2*

Meld ouderdomme van afhanklikes
State ages of dependants

Rede vir afhanklikheid
Reason for dependence

• (Minderjariges van 16 jaar en ouer wat selfonderhoudend is, moet uitgesluit word)
• (Minor children of 16 years and older who are self-supporting must be excluded)

Datum van ongeluk/besering
Date of accident/injury *9/4/92* Plek
Place *POLAR PARK* Tyd
Time *?*

Persoon wat beseerde ingebring het
Person who brought in the injured

Sy/Haar adres
His/Her address

Sy/Haar handtekening
His/Her signature en voertuig No.
and vehicle No.

Was beseerde: (i) Onder die invloed van drank?
Was injured: Under the influence of liquor?

(ii) By sy/haar bewussyn?
Conscious?

Geteken: Opnemingsbeampte
Signed: Admitting officer *[Signature]*

Die aard van die pasiënt se siekte mag vir rekeningdoeleindes vrygestel word.
The nature of the patient's illness may be disclosed for accounting purposes.

Getuie
Witness Geteken
Signed

Datum
Date

Klagte
Complaint *Lapse*

Huidige siekte
Present illness

SLEGS VIR AFSKEURSTROKIES
FOR COUNTERFOILS ONLY

| Datum Da | Betalings • Payments | Datum Date | Betalings • Payments | Betalings • Payments |
|---|----------------------|---------------|----------------------|----------------------|
| Verskuldig Owing R 10.00 Datum Date 9/4/95 G 309596 <i>[Handwritten Signature]</i> | | | | |
| | | | | |
| Rekenings • Accounts | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

ONDERSOEK/BEHANDELING/VORDERING
EXAMINATION/TREATMENT/PROGRESS

Datum • Date

9/1/82

Arslan Page last night
about 14⁰⁰ in the House (Cher)
by unknown male 1

It was with the mother but the
mother was dressed away for by the
unknown male

Page her name.
OPB lead. opp.

o/c C-111

did she
be dm

Comp: 1388
on Dept. Bureau
last investigation: march 92

origins of assault

ablock: soft to tender spots

p/v o/c victims seen

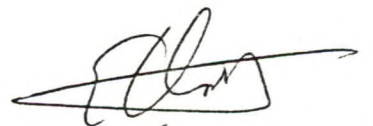
ex - done

men badly retracted

opv bleed

o/c

Richard J. J. J.



Collection Number: AK2702

Goldstone Commission of Enquiry into PHOLA PARK Records 1992-1993

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