G.P.-S. 11/19

SAPS 3M(a)

SOUTH AFRICAN POLICE SERVICE

PART A 1

PREAMBLE TO STATEMENT

Station OCEAN VIEW **CAS no.** ...../08/2026

PERSONAL PARTICULARS

Title: MR | Initials: MY | Surname: ABRAHAMS

First names: MOHGAMAD YAASEEN

Identity number: 9807065122086 | Race: A / Br / Bl / W / Other: X

Passport number: | Country of issue:

Date of Birth: 19980706 | Age: | Gender: M / F / L / G / B / T / I / Q: X

Nationality: SOUTH AFRICAN | Citizenship: SOUTH AFRICAN

I am/am not a member of the SAPS with PERSAL no*:

RESIDENTIAL ADDRESS

Street name:

Building/farm/plot/place:

Suburb/Extension/Area:

Town/City: N / A | Postal Code:

Telephone number: Home Code: | No: | Work Code: | No:

Cellphone number: | Fax Code: | No:

ADDRESS - WORK/BUSINESS/INSTITUTION/ORGANISATION

Name of Institution/Organisation: CAPE OF GOOD HOPE - SOCIETY FOR PREVENTION OF CRUELTY TO ANIMALS

Street name: C/O FIRST ROAD & 1ST AVENUE

Building/farm/plot/place: SPCA BUILDING

Suburb/Extension/Area: GRASSY PARK

Town/City: CAPE TOWN | Postal Code: 7941

Telephone number: Home Code: | No: | Work Code: 021 | No: 700 4158 / 9

Cellphone number: 083 326 2377 | Fax Code: 021 | No: 705 2127

Would you like to receive information regarding this case via sms? Yes: X | No:

SERVICES RENDERED ON INITIAL REPORTING

Psycho-social Services: Y / N | Medical: Y / N | Shelter: Y / N

Other:(Indicate).....

PLEASE INDICATE WHETHER THE VICTIM HAS ANY OF THE FOLLOWING DISABILITIES

Vision impairment (blind, partially sighted): | Hearing impairment (deaf or hard of hearing):

Mental impairment (Down Syndrome, Epilepsy, Autism, Psychiatric):

Physical impairment (Limping, using wheelchair or crutches, leg amputation, arm amputation):

Albinism:

Multiple Disabilities: Specify if multiple:

CONTACT PERSON (IF APPLICABLE)*

Title: MR | Initials: JHJ | Surname: PIETERSE

Telephone number: Home Code: 083 | No: 678 8460 | Fax Code: 021 | No: 700 4158 / 9

..... Date

..... Member's Signature (Rank, Name, Surname)

In case of theft of a vehicle the statement must be continued on form SAPS 3M(c).
In case of theft of a firearm the statement must be continued on form SAPS 3M(d).
In all other cases the statement must be continued on blank folio paper.

G.P.-S. 11/19

SAPS 3M(b)

SOUTH AFRICAN POLICE SERVICE

PART A 1

STATEMENT

Station OCEAN VIEW **CAS no.** ...../08/2026

The following particulars in respect of the offence/incident is supplied:

PARTICULARS OF OFFENCE/INCIDENT

Date and time of offence/incident C C Y Y M M D D - H H M M Or Period between 1250 on

2026051 4 and 1400 on 20260605 Day of week Su M T W T F S

Description of Offence/Incident CONTRAVENTION OF THE ANIMAL PROTECTON ACT, 71 OF 1962

Method used/Entrance gained ANIMAL CRUELTY - DENIAL OF VETERINARY CARE, UNDER FEED AND CHAIN/TETHER

Type of instrument used ANIMAL - DOG & ROPE

SCENE OF CRIME

Between: Name of place	
and: Name of place	
or	
Street name	LIBRA ROAD
Building/farm/plot/place	NUMBER 6
Suburb/Extension/Area	OCEAN VIEW
Town/City	CAPE TOWN
Postal Code	7975
Geographical block no	
Type of premises	RESIDENTIAL

PLEASE INDICATE WHETHER THE VICTIM ☐ OR ACCUSED ☐ HAS ANY OF THE FOLLOWING

Vision impairment (blind, partially sighted) ☐ Hearing impairment (deaf or hard of hearing) ☐

Mental impairment (Down Syndrome, Epilepsy, Autism, Psychiatric) ☐

Physical impairment (Limping, using wheelchair or crutches, leg amputation, arm amputation) ☐

Albinism ☐

Multiple Disabilities Specify if multiple

....

Date Signature

In case of theft of a vehicle the statement must be continued on form SAPS 3M(c).
In case of theft of a firearm the statement must be continued on form SAPS 3M(d).
In all other cases the statement must be continued on blank folio paper.

SAPS
SAPD 5

SOUTH AFRICAN POLICE SERVICE **SUID-AFRIKAANSE POLISIEDIENS**

Part C 1
Deel

INVESTIGATION DIARY * ONDERSOEKDAGBOEK

Station / Stasie: OCEAN VIEW
CAS no / MAS no: ..... / 08 / 2026

Date and Time / Datum en Tyd	Particulars of investigation / Enquiry / Besonderhede van ondersoek / Navraag	Reference / Verwysing
	FIC AS PER	A1
	COMPLAINANT: SPCA INSPECTOR YAASEEN ABRAHAMS	
	CAPE OF GOOD HOPE SPCA	
	CORNER FIRST ROAD AND FIRST AVENUE, GRASSY PARK	
	083 326 2377	
	COMPLAINT: CONTRAVENTION OF ANIMAL PROTECTION ACT 71 of 1962	
	Section 2(1)(a)(b)(c)(e)(q)(r)	
	SCENE: 6 LIBRA ROAD, OCEAN VIEW	
	DATE AND TIME: BETWEEN 12H50 ON 2026/05/14 AND 14H00 ON 2026/06/05	
	ACCUSED: (1) JOSHUA JANTJIES	
	MODUS: AS PER A1	
	DOCKET CONTENT:	
	Witness Affidavit of Inspector Tariq Albertyn	A2
	Witness Affidavit of Inspector Siviwe Noko	A3
	Commissioned Veterinary Report	A4
	Photographic Evidence	A5
	Magisterial Authorisation	A6
	Notice to Comply: 15890	A7
	Warning Notice: 24905	A8
	Warning Notice: 24291	A9
	Warrant	A10
	Seizure Notice: 02956	A11

Date and Time Datum en Tyd	Particulars of investigation / Enquiry Besonderhede van ondersoek / Navraag	Reference Verwysing
	Animal Protection Act 71 of 1962	B1
	Regulation 468	B2
	Section 92 of Magistrates Courts Act 32 of 1944	B3
	Adjustment of Fines Act 101 of 1991	B4
	Gazette No. 37477 of 27 March 2014	B5
	Section 2(1) of Animal Protection Act 71 of 1962	B6
	J15 ANNEXURE	B7
	CASE DOCKET OPENED AND TRANSFERRED TO CID FOR FURTHER INVESTIGATION	