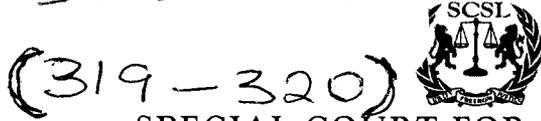


041

SCSL-2003-02-I-041

319



SPECIAL COURT FOR SIERRA LEONE

JOMO KENYATTA ROAD • FREETOWN • SIERRA LEONE

PHONE: +39 0831 257000 or +232 22 297000 or +1 212 963 9915 Ext:178 7000

FAX: +39 0831 257001 or +232 22 297001 or +1 212 963 9915 Ext: 178 7001

I, Robert L. Parnell, Chief of Security for the Special Court for Sierra Leone, having been present during his transfer from the custody of the Government of Sierra Leone to the custody of the Special Court on 10 March 2003 and having been present during his transfer from the Court detention facility at Bonthe to Choithram Hospital on 29 March 2003, identified the dead body of Mr. Foday Sankoh at Connaught Hospital where he was moved for autopsy on 2 August 2003. The identification of the remains conducted at Counnaught Hospital on 2 August 2003 was attended by the deceased's wife, Mrs. Fatou M'baye Sankoh, was also present at Connaught Hospital on 2 August 2003 and identified the body as that of her husband Foday Sankoh. I certify that the body I identified as being the man transferred into the custody of the Special Court on 10 March 2003, in accordance with the Arrest Warrant and Order for Transfer issued by Judge Thompson on 7 March 2003 and, on the charges in his indictment, as being the man subsequently brought before Judge Itoe for initial appearance on 15 March 2003 which was adjourned pending a Medical Examination. Following the autopsy conducted on 2 August 2003 which I attended, I was presented with the Medical Certificate of Cause of Death by Dr. Simon Owizz Koroma (also known as Dr. Joseph Koroma) who had performed the autopsy. The original of the Medical Certificate of Death is attached to this statement.

Robert L. Parnell
7 August 2003

Attachment: Medical Certificate of Death of Foday Saybana Sankoh

SPECIAL COURT FOR SIERRA LEONE	
RECEIVED	
COURT RECORDS	
NAME	<i>J. Owizz Koroma</i>
SIGN	<i>[Signature]</i>
TIME	<i>13:00</i>

320

Republic of Sierra Leone
OFFICE OF CHIEF REGISTRATION OF BIRTHS AND DEATHS
Medical Certificate of Cause of Death

FOR USE BY
STATISTICAL
OFFICE ONLY

C.R. FORM 4

Full Name or deceased

FODAY SAYBANA SAN KOH

Date of death

29th JULY 2003

Sex

Male Female

Nationality / Tribe

SERRA LEONEAN

Age (in years last birthday)

67 yrs

If under 1 year

Months

Days

If under 24 hours

Hours

Minutes

Usual Residence (for infant born in institution: Residence of mother before admission)

CHOITHRAM HOSPITAL, FREETOWN

CAUSE OF DEATH

Interval between onset and death

Disease of condition directly leading to death*

(A) RESPIRATORY FAILURE
Due to (or as a consequence of)

(B) MASSIVE PULMONARY EMBOLISM
Due to (or as a consequence of)

(C) DEEP VENOUS THROMBOSIS

Other significant conditions contributing, to death, but not related to the disease or condition causing it

BRONCHOPNEUMONIA

Name (Rubber stamp) of institution or name of Medical Doctor with address

DR. SIMON OWIZI KOROMA
CONVALESCENT HOSPITAL
FREETOWN

Witness my hand this

2nd

day of

AUGUST 2003

Medical qualifications:

MD

Signature

CONSULTANT PATHOLOGIST

ABDUSAMAD
DATE: 21/8/03
LABORATORY SERVICES
CONVALESCENT HOSPITAL
FREETOWN

*THIS DOES NOT MEAN THE MODE OF DYING E.G HEART FAILURE, ASTHENA ETC.
IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.*