

Affidavit – Car Accident Witness Madika “TM 2”

In the vehicle accident matter between:

MR. TSHEPO MENOE - Johannesburg

and

MASTER PNEUMATIC – MARK J. CRYER - Johannesburg **1. Respondent**

Johannes Mathe Mpashe **- Alexandra** **2. Respondent**

AFFIDAVIT

I, the undersigned

Fanny Madika ID No. 790610 5368 089

Do hereby make an oath and state that:

1. I am an adult male residing at ___Olivenhout___3020 Saffron
Centurion_ Johannesburg
2. Save to the extent to which the contrary may be stated in this affidavit, or may be apparent from the context, the facts as set out in this affidavit are within my own knowledge and to the best of my knowledge and believe both true and correct.
3. I am a tow truck driver and had been waiting together with some of my colleagues for further business, at the scene of the accident. I'm an eye witness of the vehicle accident happened at Fourways Sandton -Johannesburg at the crossing of Witkoppen and William Nicole Road at 3 December 2012 at about 15:30 pm.
4. I personally have seen the accident, while standing at the Robots. The robot, regulating the way of right on the Witkoppen Road for the direction where a white Toyota Tazz (Reg. No. LGG 114 GP) – red vehicle on sketch attached - came at high speed, had already turned red. The Tazz driver applied the brakes, but the car sliced

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through that red robot and knocked on the VW Polo (Reg. No. WSX 803 GP) and hit the Polo (marked black on the sketch) in the rear left side. The Polo which made a right turn from the opposite site of Witkopp Road, to drive into William Nicol must have had green light for its right turn, according to the three phase robot signalling at this intersection.

5. The accident happened truly as stated in the sketch attached to this affidavit as “TM 2”

DEPONENT

I hereby certify that the Deponent has acknowledged that he/she knows and understands the contents of the foregoing declaration which was taken by the administration of the prescribed oath at _____ on this _____th day of _____ 2013.

COMMISSIONER OF OATHS

DESIGNATION AND AREA : _____

FULL NAMES : _____

STREET ADDRESS : _____