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CONFIDENTIAL

A 17

STATION _____ CAS /..... /..... CCN: _____



ipid

Department:
Independent Police Investigative Directorate
REPUBLIC OF SOUTH AFRICA

STATEMENT FORM

Full Name: Sphethe Phatsha
Residential address: NICOMINI INFORMAL SETTLEMENT, WONDERBOOP
ID No: 1964-0414 and employed as a RDD
at LONDON JHAFE 3 with tel No: _____
and cell No: 0832107285

STATES UNDER OATH IN ENGLISH THAT:

On Thursday 2012-08-16 at about 16:00 I was in a meeting where union representatives gave us feedback regarding a meeting where they had with our employer. The representatives left and advised us to disperse because blood will be spilled all over. The representatives left.

2.
After 15 minutes the police came pulling barbed wires and surrounded us. We ran away and they (the police) started shooting at us with live ammunition. We ran to the rocks nearby.

S phatsha
SIGNATURE OF DEPONENT

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STATION _____ CAS / / CCN: _____

I was hit by a bullet on my left leg. I continued running but realised that I lost the big toe on the left foot. I went to hide in the rocks with others while the police continued shooting at us.

Other people stood up and raised their hands but were shot and killed by the police officers. The shooting stopped and the police arrested many of us. I saw many people shot and killed by the police officers.

I was taken to mine hospital for treatment.

I don't know the police officers who shot us and could not be able to identify them.

I did not see any miner shooting at the police or having a firearm.

I pharsha
SIGNATURE OF DEPONENT

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STATION _____ CAS / / CCN: _____

(The body of the form is crossed out with a diagonal line.)

I know and understand the contents of this declaration
I have no objection in taking the prescribed oath
I consider the oath to be binding on my conscience

S. Phisoa
SIGNATURE OF DEPONENT

I certify that the above declaration was taken by me and that the deponent knows and understand the contents of this declaration. This statement was sworn to before me and the deponent's signature was placed here under in my presence at WONDERKOP (Place) on 2012 / 08 / 20 (Day) at 12 : 45 (Time)

[Signature]
COMMISSIONER OF OATH

AUBREY MHLAWUMBE JONALAIKE
FULL NAME AND SURNAME:

SENIOR INVESTIGATOR
RANK

IPID NORTH WEST
MOLOPO SHOPING CENTRE
NO 1 STATION ROAD
MAFIKENG

REPORT BY AUTHORISED MEDICAL PRACTITIONER ON THE COMPLETION OF A MEDICO-LEGAL EXAMINATION

1

2012-08-16

To be completed in legible handwriting and signed on every page

000126

MARIKANA

A. DEMOGRAPHIC INFORMATION

1. Police station: SOUTH	2. CAS No:	3. Investigating officer: Name and number:	4. Time: 19:11 Day: 16 Month: 08 Year: 2012
5. Name (capacity) e.g. nurse, doctor etc.: DA ASM LAUTHER			10. Physical practice address or stamp: Andrew Saffy Memorial Hospital 2012-08-16 P.O. Box 434, Marikana, 0204 Tel: (014) 571-3458
6. Registered qualifications: MBChB			
7. Phone number:			
8. Fax number:			
9. Place of examination: ASM			
11. Full names of person examined: SPHETLE PHATSHA		12. Gender: M <input checked="" type="checkbox"/> F <input type="checkbox"/>	13. Date of birth/apparent age: 14/06/64

B. GENERAL HISTORY

1. Relevant medical history and medication: CSW (L) POST

C. GENERAL EXAMINATION

1. Condition of clothing:

2. Height (cm): 3. Mass: 4. General body build:

5. Clinical findings: In every case the nature, position and extent of the abrasion, wound or other injury must be described and noted together with its probable date and manner of causation. The position of all injuries and wounds must also be noted on the sketches.

CAUSIT TYPE DISTAL (L) POST
? CLOSE RANGE SHOTGUN INJURY
COMPOUND #, SOFT TISSUE LOSS
DISTAL (L) BIG TOE AND
TOE NEXT TO BIG TOE (L)

6. Mental health and emotional status: -

7. Clinical evidence of drugs or alcohol: -

8. CONCLUSIONS
FOR DISEMBLEMENT OF "CAUSIT" TISSUE
FOR REPAIR ANATOMY OF POST

Signature (capacity) e.g. nurse
DA ASM LAUTHER