

James Madison University

## JMU Scholarly Commons

---

Global CWD Repository

Center for International Stabilization and  
Recovery

---

9-1-2002

### DDASaccident375

HD-AID

*Humanitarian Demining Accident and Incident Database*

Follow this and additional works at: <https://commons.lib.jmu.edu/cisr-globalcwd>



Part of the [Defense and Security Studies Commons](#), [Peace and Conflict Studies Commons](#), [Public Policy Commons](#), and the [Social Policy Commons](#)

---

#### Recommended Citation

HD-AID, "DDASaccident375" (2002). *Global CWD Repository*. 575.  
<https://commons.lib.jmu.edu/cisr-globalcwd/575>

This Other is brought to you for free and open access by the Center for International Stabilization and Recovery at JMU Scholarly Commons. It has been accepted for inclusion in Global CWD Repository by an authorized administrator of JMU Scholarly Commons. For more information, please contact [dc\\_admin@jmu.edu](mailto:dc_admin@jmu.edu).

# DDAS Accident Report

## Accident details

<b>Report date:</b> 19/05/2006	<b>Accident number:</b> 375
<b>Accident time:</b> 09:15	<b>Accident Date:</b> 01/09/2002
<b>Where it occurred:</b> Minefield No.079, Bagram, Kabul Province	<b>Country:</b> Afghanistan
<b>Primary cause:</b> Management/control inadequacy (?)	<b>Secondary cause:</b> Other (?)
<b>Class:</b> Survey accident	<b>Date of main report:</b> 09/09/2002
<b>ID original source:</b> FP/JE	<b>Name of source:</b> DDG
<b>Organisation:</b> Name removed	
<b>Mine/device:</b> IED, PMN AP blast	<b>Ground condition:</b> not recorded
<b>Date record created:</b> 22/02/2004	<b>Date last modified:</b> 22/02/2004
<b>No of victims:</b> 1	<b>No of documents:</b> 2

## Map details

<b>Longitude:</b>	<b>Latitude:</b>
<b>Alt. coord. system:</b>	<b>Coordinates fixed by:</b>
<b>Map east:</b>	<b>Map north:</b>
<b>Map scale:</b> MF: 079	<b>Map series:</b>
<b>Map edition:</b>	<b>Map sheet:</b>
<b>Map name:</b>	

## Accident Notes

inadequate investigation (?)

inadequate medical provision (?)

## Accident report

A MAC investigation of this accident may have taken place. If so, and if the record is made available, that record will take the place of the following.

A Mine Accident Report was prepared by one of the NGOs in the country and made available in September 2002. The date of the original report is the date of the digital file provided by the NGO who carried out the investigation (NGO-2 in what follows). Details of two accidents were conflated into one file. Accident details have been separated in what follows [see second accident in Bagram, Afghanistan on 1<sup>st</sup> September 2002] and the original NGO report reproduced under Other Documents. While compiling this entry, the accident investigator was asked to provide more details of this accident and his answers are included in what follows.

NGO-2 were engaged in a clearance task. NGO-1 was coincidentally working close by making a survey.

At 09:15 a deminer from [NGO-1] Team No.6 hit a mine and [NGO-2] Team 3 heard the detonation. Ten seconds later the nearest Section Leader of [NGO-2] to the [NGO-1] team informed his Team Leader by VHF and about [NGO-1] accident.

After 25 seconds the Field Operations of team No.3 [NGO-2] were stopped and all field personnel were instructed to go to the rest area.

After 40 seconds the Team Leader had informed the Paramedic Supervisor about the accident and asked him to contact the office about the issue and also about the assistance of [NGO-2] staff for evacuating the [NGO-1] deminer from unclear to the cleared area and then to Kabul. [NGO-1] teams normally do not have proper ambulances.

After one minute the Team Leader had instructed a Section Leader and two deminers and a Paramedic to go with him and the Field Supervisor to the accident site help the injured. The Team Leader had ordered the ambulance and Paramedic Supervisor to standby at the pick-up point. The Paramedic Supervisor had informed the OPS Centre and Section Leader 1 had been appointed as "acting team leader" to evacuate all the [NGO-2] personnel to the site compound.

After 4 minutes the Field Supervisor and Team Leader "with other personnel" reached the accident site and started planning for evacuation of the deminer. The deminer had died on the spot and had been thrown into an uncleared area. [The time taken to reach the accident site where NGO-1 was working is taken to infer that the groups were working in very close proximity.]

After 8 minutes, two [NGO-2] deminers had started using detectors and the Section Leader was marking the readings as they approached the dead body.

After one hour and 8 minutes, the dead body was pulled from the accident place and was prepared for movement.

After one hour and 30 minutes, the dead surveyor from NGO-1 was carried to the [NGO-2] ambulance on a stretcher.

After 1 hour and 35 minutes, the body was put in the ambulance for departure.

When asked to identify the device involved, the investigator stated that:

"The device that killed the surveyor was a reinforced AP mine, very common in that area. We have found at least 50% of the mines in the minefield we are clearing (adjacent the survey task) have been connected with either a hand-grenade or mortar bombs". When asked directly, the investigator reported that the device was probably a PMN boosted with a mortar bomb because several others were found in the area.

A large number of people got into the ambulance, which then detonated a tank mine as it drove away.

## Victim Report

<b>Victim number:</b> 480	<b>Name:</b> Name removed
<b>Age:</b>	<b>Gender:</b> Male
<b>Status:</b> surveyor	<b>Fit for work:</b> DECEASED
<b>Compensation:</b> not made available	<b>Time to hospital:</b> not appropriate
<b>Protection issued:</b> Not recorded	<b>Protection used:</b> not recorded

## Summary of injuries:

FATAL

COMMENT

No specific injuries were recorded. Dead at the site.

No medical report was made available.

## Analysis

The primary cause of this accident is listed as a "Management/control inadequacy" because the method of conducting the survey was inadequate. The Survey group had deployed into a live-area and were clearing mines without an ambulance. This was presumably done with the knowledge of the group's management, and may have been "normal". Even so, it was an inadequate medical provision.

Some questions about the Survey team's other equipment arise because they appear to have needed assistance to withdraw the Victim from the danger area after the accident.

## Related papers

What follows is the original investigation report from NGO-2 – edited for anonymity. It largely concentrates on the events of the second accident, in which some of the NGO's own staff were involved.

## ACCIDENT REPORT: KABUL SEPTEMBER 2002

Table of Contents:

1.....	Acronyms.
2.....	Objectives.
3.....	General Information.
4.....	Chronological Overview of the Accident.
5.....	Brief description of accident.
6.....	Injuries of the Casualty.
7.....	Equipment Damage and Technical Evidence.
8.....	Evaluation.
9.....	Conclusion.
10.....	Documentation.

### 1. Acronyms.

AT	Anti Tank Mine
DM	Deminer
EODO	Explosive Ordnance Disposal Officer
FS	Field Supervisor
MF	Minefield
MS	Medical Supervisor
OO	Operations Officer
OPSC	Operations Centre
PAM	Paramedic
PM	Programme Manager
PS	Paramedic Supervisor

SL  
SOP  
TCO  
TL

Section Leader  
Standard Operating Procedure  
Training Control Officer  
Team Leader

## **2. Objectives.**

The objectives with the current report are:

Point out the relevant facts of in order to establish a plausible cause to the accident.

Produce beneficial information to the de-mining community within [the Country MAC].

## **3. General Information.**

Team/Site description: Team No. 3 Bagram Province.

Location of accident: Next to minefield No.079, Bagram (Annex G).

Date & Time: 01 September, at 10:50 local time.

Particulars of injured persons:

Cause to the accident: Driving over an anti tank mine.

Brief description of injuries:

1. Blunt Trauma
2. 45% burn on his face, hands and back. Ears bleeding
3. Compress Forehead, left eye white part bloody and pain from right shoulder and arms.
4. 5% burn on his back
5. 25-30% burn on his face, arms, chest and back
6. Complain from neck and back pain

## **4. Chronological Overview of the Accident.**

Following describes the action taken and the instructions given directly after the accident:

At 0915 a deminer from [NGO-1] Team No.6 hit a mine and team 3 heard the accident.

The nearest SL of [NGO-2] to the [NGO-1] team informs the Team Leader by VHF and about [NGO-1] accident.

Field Operations of team No.3 is immediately stopped and all field personnel are instructed to go to the rest area.

The team leader informs the PS about the accident and asked him to contact the office about the issue and also about the assistance of our staff for evacuating the [NGO-1] deminer from unclear to the cleared area and then to Kabul as [NGO-1] teams normally do not have proper ambulances.

TL instructs a SL and two deminers and 1 PAM to go with him and FS to the accident site help the injured and orders the ambulance and PS to standby in the pick up point. And also the PS informs the OPS Centre. SL 1 has been appointed as acting team leader to evacuate all the [NGO-2] personnel to the site compound. [4 minutes after detonation]

The FS and the TL with other personnel reach the accident site and start planning for evacuation of the deminer. The deminer was died on the spot and was thrown to uncleared area.

The two deminers start using detectors and the SL marks the readings towards the dead body [1 hour and eight minutes after the detonation].

The dead body was pulled from the accident place and was prepared for movement after one hour and 30 minutes.

The dead surveyor was transported to the ambulance on a stretcher and the body was put in the ambulance for departure one hour and 35 minutes after the accident.

The ambulance Started to move and ran over an anti tank mine after one minute.

The TL calls the adjacent airbase and coalition forces for ambulances and help but no reply.

The TL and SL with the help of 4 deminers start to rescue the people from and around the ambulance. While the FS inform the OPS Centre about the accident

OM orders the suspension of operations in Kabul airport and the minefield in Darul Aman and orders two ambulances to Baghram ASAP.

OM and TCM informs PM and TA and leave to Bagram together with TA.

All the injured was put in pick ups and transported to the coalition forces hospital inside Bagram airbase.

Injured persons arrived at the coalition hospital 57 minutes after the ambulance has started to leave the first accident site.

[Name excised] informs HQ in Denmark.

The Delegation arrives and meets the FS, TL and other staff in Bagram.

The Delegation visits the accident site, coordinate with [regional MAC] and [NGO-3] the future plans for clearance and secures the area with help from TL.

The OM leaves for hospital to see injured personnel while TA and TCM stays at place of the accident.

Arrival to the hospital and preparation of visit with the coalition hospital.

Visit all injured personnel of [NGO-2], [NGO-1] and [NGO-3] and getting their accurate problems and injuries.

Departure and reporting to the OPSC about the injuries and condition of injured staff four hours after the AT mine detonated under the ambulance.

The [NGO-2] team arrives at OPSC and debriefs the office staff

## **5. Brief description of the accident**

Team No.3 is working in Minefield No.079 a very high priority/impact area. Mines have affected this area to a large scale, as it was frontline between Taliban and Northern Alliance during the past few years. The survey operation is also in progress in the neighbouring remaining areas to be technically marked and mapped for clearance teams. On 1<sup>st</sup> September 2002 an accident occurred in the survey team that involved a surveyor. The operations of team No.3 was stopped, all deminers were ordered to get to the rest area and be prepared to assist [NGO-1] in their rescue operation.

The dead body of the surveyor was thrown into the minefield so, the 2 deminers cleared the area up to the dead body and pulled it out from the unclear area. The body was transported from the minefield to the ambulance that was parked in parking area of [NGO-1] team. The dead body was put in the back of the ambulance together with 3 persons of [NGO-1]. In the front of the ambulance was one [NGO-2] PS and ambulance driver as well as one [NGO-1] SL.

When the ambulance started moving, 10 meters from the parking area to the main road, the rear left wheel of the ambulance hit an AT mine and as result 3 more [NGO-1] employees were killed (placed in the back of vehicle). 12 persons around the ambulance were wounded including 4 from [NGO-2], 3 from [NGO-1], 1 from [NGO-3] and 5 civilians. The 3 persons in the front of the vehicles were also wounded.

## 6. Injuries of the Casualties (Annex A)

The 6 persons injured persons of this accident [from this NGO] has the following injuries:

**PS:** His general condition is good. He had a blunt trauma of abdomen, chest and deafness of his ears because his tympanic membrane of ears got redness and swelling by the pressure (according the American Hospital documents in Baghram). He complains about the pain from his chest especially from the left side of the chest (from third inter coastal space to the end) and also he complains about deafness of his ears, but he has not any superficial injury, chymosis and etc.

**PAM:** He has 45% burn at different parts of his body as follow:

Face: He has 9% burn on his face, nose, external ears, neck and head and 9% of his head, neck and face needs skin graft.

Hands: His hands and arms have 18% burnt, including arms, elbow joint, wrists joint, carpals metacarpals and phalanx. Both hands need to be skin grafted.

Back: His back also has 18% burnt and it is second degree burnt and covers left side, right side, mid vertebral line and from neck to hip bone. His back needs to be skin grafted.

**DM:** Generally he is very good and he has swelling and redness in his left eye superficial. It means around his eye, but his vision is normal and his eye is safe. His upper and lower eye lids and sclera are injured.

**DM:** His general conditions are excellent. He has first degree burn. He has 5% burn in his right side of his back in lumber vertebral region.

**DM:** He has second degree burnt and covers 32% of his body.

Face: His face is 5% burnt

Hands: Both hands are 18% burnt, including arm, elbow joint, wrist joint, carpals, metacarpals and phalanx and they need to be skin grafted.

Back: 9% of his back is burnt and it is second degree. His back is burnt from right and left side of the lumber region up to the shoulders.

**Driver:** He has neck trauma. It means his cervical vertebra became traumatic. He does not have any fracture and dislocation of cervical vertebra and spinal cord (according to the documents of the American Hospital in Bagram), but he complains about not sleeping normally. Therefore, he takes insomnia, probably depressed and suffers from feeling of guilt. After the PM told him that he is needed and that we rely on him as a driver as well as a promised him a new ambulance, he feels more secure.

### General Condition of the injured persons:

Four injured persons, 1PS, 2DMs and 1 driver have been discharged on 3<sup>rd</sup> September 2002 and will be kept in the office until 7<sup>th</sup> of September. Two of the injured 1 PAM and 1DM are still in the hospital. Their wounds need to be skin grafted and they will need durable treatment and care. The general condition of both of them is stabile.

## 7. Damaged Equipment (Annex B)

### Ambulance X-68-102:

The mine hit the rear left wheel of the vehicle and completely destroyed it. Soon after the accident the vehicle got fire because of the two fuel tanks and burnt completely.

Following is the list of the equipment/tools that were burnt in the ambulance.

- Codan radio, antenna and all related items
- VHF mobile station and related items
- Alarm with all related items

Stretcher and its base  
PS Kit with all medicines  
VHF radio of PAM 35% burn (not repairable)  
Oxygen Cylinder and its related items.

## **8. Technical Evidence**

An Anti Tank mine caused the accident but the type has not been determined. On the day after the accident during clearance of the road, a mine dog [from another demining group] found another AT mine in the same area and that was a TM-56.

## **9. Evaluation**

In order to accumulate experiences within the SOPs of [NGO-2] it is of great importance to evaluate and review all actions taken during and after the accident.

Additionally [NGO-2] will forward the present report to the demining community within [the Country MAC]. It is hereby the intention of [NGO-2] to contribute in a constructive and critical manner with our experiences of the current accident. Doing so we will hopefully eliminate or reduce risks, which are common in the process of demining, faced by fellow demining organizations.

### Summary:

Summarizing all factors mentioned above no procedures or regulations have been violated according to the current Demining SOP's within [NGO-2]. Consequently the accident has not given any direct cause to change existing Demining SOP within [NGO-2].

However, it will be taken into consideration to have more emphasis on the surrounding areas of a minefield where the Demining team may possibly park their vehicle, select rest areas for the deminers, make pick up point for the ambulance and etc. [NGO-2] is concerned about the survey process and will have problems to rely on survey information in the future. [NGO-2] will do their own assessment based upon the [NGO-1] information prior the commencement of operations.

[NGO-2] will request [Demining survey group] to review current survey procedures and how to evaluate information given in the general survey.

### Treatment:

The 2 DM (the breaching party) SL performed first aid, stabilized and prepared the injured for evacuation - more specifically:

- Stopped bleeding/burning from fire
- Prevented shock
- Performed mentally first aid.

The whole process of first aid and stabilization from the time of the accident to the hospital took 28 minutes.

### Summary:

The medical treatment and evacuation was adequate and contributed to keep the patient in a good and stable condition up to and during the evacuation to the hospital.

However, Medevac and Casevac exercises will take place continuously among PAM, PS and DM to obtain the highest possible level of individual medical skills and will also be coordinated with the coalition forces hospital.

## **Review and Briefing of the accident to the organization (Annex C)**

On September 3<sup>rd</sup> [NGO-2] conducted evaluation and briefing sessions in the site compound in Kabul. The objectives for conducting such type of evaluation was:



- To review in details what happened during and after both accidents ([NGO-2], [NGO-1]).
- To establish the probable cause of [NGO-1] accident.
- To review what we have done well and bad during the second accident.
- To review the coordination of CASEVAC at the field level.

## **10. Conclusion.**

Following is the conclusion made by [NGO-2]:

### **Accident.**

This accident happened during a CASEVAC of another demining organization ([NGO-1]). The area where the accident happened has been declared safe by the survey team and also used by them as their parking area.

### **Cause**

The cause of the accident was an Anti Tank mine the ambulance hit during evacuation of the victim from another accident.

Local people who do not have experience of clearance have cleared the road where the accident happened and that was accepted by the survey team as safe. [NGO-1] used the road beyond the location of the mine as a parking area for their vehicles.

### **Damaged Equipment**

The ambulance with its all installed equipment/tools has been completely burnt and nothing could be recovered.

### **Reporting**

Reporting was carried out according to the procedures.

Signed: Acting PM [NGO-2], Afghanistan