

6-3-2008

# DDASaccident609

Database of Demining Accidents  
DDAS

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# DDAS Accident Report

## Accident details

<b>Report date:</b> 04/03/2011	<b>Accident number:</b> 609
<b>Accident time:</b> 07:05	<b>Accident Date:</b> 03/06/2008
<b>Where it occurred:</b> Deh Khwaja Village, Bargam District, Parwan Province	<b>Country:</b> Afghanistan
<b>Primary cause:</b> Field control inadequacy (?)	<b>Secondary cause:</b> Management/control inadequacy (?)
<b>Class:</b> Excavation accident	<b>Date of main report:</b>
<b>ID original source:</b> DA 13: CA-184	<b>Name of source:</b> UNMACCA
<b>Organisation:</b> [Name removed]	<b>Ground condition:</b> hard
<b>Mine/device:</b> PMN-2 AP blast	<b>Date last modified:</b> 04/03/2011
<b>Date record created:</b>	<b>No of documents:</b> 1
<b>No of victims:</b> 1	

## Map details

<b>Longitude:</b>	<b>Latitude:</b>
<b>Alt. coord. system:</b> Not recorded	<b>Coordinates fixed by:</b>
<b>Map east:</b>	<b>Map north:</b>
<b>Map scale:</b>	<b>Map series:</b>
<b>Map edition:</b>	<b>Map sheet:</b>
<b>Map name:</b>	

## Accident Notes

inadequate investigation (?)  
handtool may have increased injury (?)  
inadequate training (?)  
squatting/kneeling to excavate (?)  
Inadequate detector pinpointing

## Accident report

The only report of this accident that has been made available to date was in a UNMACA EXCEL spreadsheet. Text in square brackets [ ] is editorial. This record will be revised as more information becomes available.

The EXCEL summary is reproduced below, edited for anonymity.

Demining Accident involving [Demining group]

Date: 3<sup>rd</sup> June 2008

Time: 07:05

Location: Deh Khwaja Village, Bargam District, Parwan Province.

Task Number: H-1558

Team: 04

Name of victim: [Name removed], Deminer

He sustained traumatic amputation of his right hand, light fragmentation Injuries to his thighs and the side of his neck

Mine: PMN-2

Activity: Marking cleared area

Internal ID: DA 13: CA-184

Accident investigation completed. Action taken.

1. The accident has occurred because of error made by the involved deminer as he used chisel directly on the detected signal instead of [Demining group] standard excavating tool (scraper). Chisel is used for excavating of safe margin of the reading points, meaning 15 cm behind the start point of signal.

2. As per the minefield history and relevant team leader, mines in this area have been laid in two layers with different depths, so the deminer had not considered the extra depth; it means the depth of excavation was less than what expected.

3. According to the team leader the technical skill of the victim deminer was unsatisfactory and despite that the victim deminer has been deployed to the high threat areas where the density of mines is too high.

The relevant section leader failed to have the victim deminer not to use the chisel while he knew the deminer was using it in wrong place which is against the [Demining group] SOP.

4. The terrain where the accident occurred is too hard and required to be loosened by using mechanical means or should have been softened by watering before deployment of deminer.

### Victim Report

<b>Victim number:</b> 792	<b>Name:</b> [Name removed]
<b>Age:</b>	<b>Gender:</b> Male
<b>Status:</b> deminer	<b>Fit for work:</b> not known
<b>Compensation:</b> Not made available	<b>Time to hospital:</b> Not made available
<b>Protection issued:</b>	<b>Protection used:</b> Not made available

#### Summary of injuries:

INJURIES: minor Legs, minor Neck

AMPUTATION/LOSS: Hand Right

COMMENT: No Medical report was made available.

## **Analysis**

The primary cause of this accident is listed as a *Field Control Inadequacy* because the Victim was working in an unsafe way with an inappropriate tool and his errors were not corrected despite the fact that the Field Supervisor was aware of them. The secondary cause is listed as a *Management Control Inadequacy* because demining group's senior managers failed to appoint Field Supervisors able to maintain field discipline or willing to remove dangerous deminers from the high risk areas.

The victim was apparently inadequately trained to do the job in hand.

The hand tools in use were not blast resistant and do not meet the recommendations in the IMAS. Their inappropriate design and use may well have made the Victim's injury more severe.

The "Inadequate investigation" listed under notes refers to the absence of a full accident report. The UN supported MACCA has failed to make these widely available for some years in contravention of the requirements of the IMAS.