

8-13-2009

## DDASaccident649

Humanitarian Demining Accident and Incident Database  
*AID*

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# DDAS Accident Report

## Accident details

<b>Report date:</b> 05/03/2011	<b>Accident number:</b> 649
<b>Accident time:</b> 07:15	<b>Accident Date:</b> 13/08/2009
<b>Where it occurred:</b> Musali, Tangi Syedan sub-district, Chahar Asyab District, Kabul Province	<b>Country:</b> Afghanistan
<b>Primary cause:</b> Field control inadequacy (?)	<b>Secondary cause:</b> Inadequate equipment (?)
<b>Class:</b> Excavation accident	<b>Date of main report:</b> Not recorded
<b>ID original source:</b> 14/10/09/330	<b>Name of source:</b> UNMACCA
<b>Organisation:</b> [Name removed]	
<b>Mine/device:</b> PMN-2 AP blast	<b>Ground condition:</b> hard hillside rocks/stones
<b>Date record created:</b>	<b>Date last modified:</b> 05/03/2011
<b>No of victims:</b> 1	<b>No of documents:</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

squatting/kneeling to excavate (?)  
use of pick (?)  
Inadequate detector pinpointing  
visor not worn or worn raised (?)

## **Accident report**

A UNMACA accident summary and IMSMA report have been made available. The conversion into a DDAS file has led to some of the original formatting being lost. Text in square brackets [ ] is editorial.

The documents are reproduced below, edited for anonymity.

### **Mine Action Coordination Centre of Afghanistan (MACCA)**

File: OPS, 14101-22

Date: October 13, 2009: Ref: 14/10/09/330

Subject: INVESTIGATION REPORT & LESSONS LEARNED OF [Demining group] - MDG-03 DEMINING ACCIDENT

Attached please find the investigation report and lessons learned of [Demining group] MDG-03 demining accident occurred on 13 August 2009 in Tangi Syedan village, Chahar Asyab district of Kabul Province.

### **LESSONS LEARNED SUMMARY OF [Demining group]-MDG-03 DEMINING ACCIDENT**

#### **INTRODUCTION:**

An investigation team was convened by AMAC Kabul to investigate the demining accident involving [the Victim] the deminer of [Demining group] MDG-03. The accident occurred at 07:16 hours, 13 August 2009 in Task # AF/0109/00173/MF 0128 located in Tangi Syedan village, Chahar Asyab district of Kabul Province.

#### **SUMMARY:**

Task: AF/0109/00173/MF 0128 is a mine contaminated area which was recorded by LIS under the community No. 804 SHA 02 then polygon by LIAT in 2008. The area contains AP mines laid by Russians troops in 1981 around their military installations to secure them from the attacks of Mujahedin. Size of the area is 112550 sqm. During the clearance operation they cleared 62050sqm area and found/destroyed 14 AP mines and 40 different UXO.

On 13 August 2009 at 07:15 am while [the victim] deminer was excavating a dog indication in an access lane, his pick touched on the top of PMN 2 anti-personnel mine and caused it to go off. According to the investigation report the deminer has used the pickaxe to investigate the signal found in dog indication instead of the bayonet and it seems as he used the pick directly on the top of signal, so hit the mine and caused the accident. From the location of injuries it seems the deminer has not used his PPE and visor properly, he got multiple injuries on his body, and face/eyes as well.

#### **CONCLUSIONS:**

Poor supervision by the command group and Carelessness of the deminer are considered the main contributing factors for this accident as the deminer was working with pick and the belt of visor was not fastened to his chin but nobody has controlled him.

#### **RECOMMENDATIONS:**

The following points are to be considered:

A. It is the responsibilities of respective IP's operations department to make sure that a proper system of command and control exists in the field.

B. Standard tools of prodding and excavation should be used during operation.

C. Inappropriate use of visor resulted in sever injuries to the eyes of involved deminer therefore all the command groups are strongly recommended to reinforce their focus to this point and never allow their deminers to use the PPE inappropriately.

D. The [Demining group] management is recommended to come up with a plan of action to prevent such accident in the future and present it to MACCA Chief of operations by no later than 20 October 2009.

## **FULL IMSMA REPORT**

[The following is reconstructed from a poor quality PDF file of a report in IMSMA format.]

### **1. Accident/incident-happened on:** [the Victim], deminer

Name of Team Leader: [Name removed]

Name of Site supervisor: [Name removed]

Date of accident: 13<sup>th</sup> August 2009

Time of Accident: 07:15

### **2. Casualty details**

Victim: [Name removed], DOB: 1972

IMSMA sketch records injuries to: Eyes, Nose, Right Hand, Both legs.

### **3. Accident location**

System of coordinates: WGS 84

0690524,5 E: 342547,6 N

Fixed by GPS

Musali, Tangi Syedan sub distrct, Chahar Asyab District, Kabul Province.

### **4. Site conditions**

Terrain: Open, Rocky, Hillside

Soil: Medium hard

Weather: Clear, Calm, Mild

Vegetation: Light, grass, bush



[The accident site.]

**5. Available Map Detail**

Nil.

**6. Medical and first aid**

Equipment at the site: Ambulance, Paramedic, Stretcher/Blanket, 1st aid kit, Oxygen Balloon, Radio, Medical log book.

**7. Reaction time:**

Time to Paramedic was on the accident site: 07:20 AM (5 minutes)

Time of Paramedic starting treatment to the casualty? 07:20 AM [10 minutes]

Was the ambulance ready for transport? Yes

Time for ambulance to drive from site to hospital: 40 minutes

Distance from site to hospital in km: 17 Km

Last time a CASEVAC drill was done: 30/07/2009

Is there MEDEVAC plan with the team? Yes

**8. Device caused the accident**

PMN-2 AP blast mine.

**9. Activity during Accident/ incident:** Excavating

**10. If the incident occurred in a cleared area....** N/A

**11. Team Operation outlook**

Last refresher/revision course? 06/08/2009

How long has the team been at the site? 27/06/2009 up to date 33 days

What are the working hours (start — end)? 06:00 AM to 12:00 PM

Breaks through working day? After each 50 minutes 10 minutes breaks

General mood of the team? Well

Security situation in the area. Fine

Climate of area: old

Hand tool/ prodger type used? Bayonet and pick

Were PPEs used properly? Yes [See Analysis]

When was the last leave? 19/07/2009 to 29/07/2009

Is salary on time? Yes

Other comments: Nil

## **12. Task details/history:**

The MF No AF-0109-00173-MF0128 locates at Tangi Saidan village Chahar Asyab district of Kabul province Coordinate: of the BM N =342547.5 E = 690524.5. The area was listed in LIS under the community No 804 SHA 02 then polygon by LIAT in 2008. In 1981 the Russians laid the AP Mine against the Mujahideen after that some mine accident happened on local people and now the clearance of this area is in progress by [Demining group] MDG-03. Size of the Area is 112550 m<sup>2</sup> MDG-03 has started the operation on 27/06/2009 and has cleared about 62050m<sup>2</sup>. device found and destroyed AP 14 UXO 40 after clearance of this task 300 people will benefit from the cleared area.

## **13. Accident details:**

On 13 August 2009 at 07:15 AM according to the team leader while the Deminer [the Victim] was prodding on the MDD indication in access lane of ME No 0128, a PMN2 anti personnel mine exploded and caused the accident. As a result the deminer face, eyes, right hand, both legs got light injury. At 07:20 am the victim treatment started at the accident site by paramedic of the related team in safe area and at 07:30 made ready for evacuation from site to hospital. The victim was shifted to Noor Hospital. Distance of the hospital from the accident site was 17 km, time for ambulance to drive to hospital took 40 minutes. The victim was admitted to the hospital at 0810 am the victim was under treatment at said hospital for one hour and then shifted to [Demining group] Clinic his health condition is reasonable.

**14. Description of damages (Equipment/Property):** Pick, PPE, Helmet visor and Uniform of the victim was damaged.

## **15. Conclusion:**

According to observation from accident site during investigation it was seemed that Deminer was excavating directly on the reading point by pick in squatting position the pick was touched with mine and caused explosion. As Deminer was fully dressed by protective jacket, Helmet and Visor but due to pressure of explosion the visor was threw away from the head of deminer therefore some dust and soil hit the deminer's face and eyes. The reason of fallen down of Helmet from the head of Deminer is that it didn't have belt to be fastened to the chin of Deminer.

Contributing factors to the cause of accident were: Poor supervision; Carelessness of Victim.

## **16. Summary:**

On 13 August 2009 at 07:15 AM while the Deminer [the Victim] was working on the MDD indication in access lane in MF No 0128, he was excavating directly on the reading point by pick in squatting position the pick was touched with mine and caused explosion As a result the deminer face, eyes, right hand, both legs got light injury

## **17. Recommendations**

-Deminers are strongly recommended not to use the pick directly on the reading point.

-The deminers are strongly recommended not excavating/prodding in squatting position.

The command group is recommended having full and close control over their deminers to work as per SOP.

-The relevant section leader is recommended to prevent the deminers from doing any mistakes.

As it was seen by evidence that the helmet was fall down from the head of deminer during accident, due to lack of belt, so it is recommended to use the helmets having the belts to be tight on the chin of deminers.

Investigated by: [Names removed] 24/08/2009

#### **Attachments:**

Statements [Statement and Witness Reports (untranslated) are held on file.]

Task order (copy), Photo log

### **Victim Report**

<b>Victim number:</b> 832	<b>Name:</b> [Name removed]
<b>Age:</b> 37	<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> 55 minutes
<b>Protection issued:</b> Frontal apron Long visor	<b>Protection used:</b> Frontal apron, Long visor

#### **Summary of injuries:**

INJURIES: minor Hand, minor Legs, severe Eyes

COMMENT:See Medical report.

#### **Medical report**

No Formal Medical report was made available.

A photograph shows the Victim with bandages on both shins and both eyes. The eye injury is recorded as severe because surgery was required.



## Analysis

The primary cause of this accident is listed as a *Field Control Inadequacy* because the Victim was working with a pick-axe and with his visor raised and his errors were not corrected. The secondary cause is listed as *Inadequate Equipment* because the visor shown in photographs was opaque (so could not be seen through) and because a pick-axe was issued for excavation. The full report mentions that the Victim was “excavating directly on the reading point” which implies that the dog indication was confirmed with a metal detector (common) and that the Victim may not have pinpointed the indication accurately.

The investigators blamed the face injuries on the visor lacking a chinstrap. This was incorrect. Visors are frequently torn off as a blast front passes but the fragmentation associated with an AP mine blast strikes the visor in advance of the expanding blast front, so it does not strike the wearer’s face or eyes when the visor is worn correctly. There is evidence of this in dozens of accidents in this database. Wearing a “belt” or chin-strap does not increase safety and may increase the risk of injury by making whiplash more likely.