DDAS Accident Report

Accident details

Report date:	19/04/2006	**Accident number:**	73
Accident time:	not recorded	**Accident Date:**	07/06/1977
Where it occurred:	Nyamosoto	**Country:**	Zimbabwe
Primary cause:	Field control inadequacy (?)	**Secondary cause:**	Management/control inadequacy (?)
Class:	Missed-mine accident	**Date of main report:**	[No date recorded]
ID original source:	none	**Name of source:**	Victim
Organisation:	[Name removed]		
Mine/device:	AP blast (unrecorded)	**Ground condition:**	not recorded
Date record created:	23/01/2004	**Date last modified:**	23/01/2004
No of victims:	1	**No of documents:**	1

Map details

Longitude:		**Latitude:**	
Alt. coord. system:		**Coordinates fixed by:**	
Map east:		**Map north:**	
Map scale:	not recorded	**Map series:**	
Map edition:		**Map sheet:**	
Map name:			

Accident Notes

inadequate investigation (?)

no independent investigation available (?)

inadequate equipment (?)

inadequate medical provision (?)

protective equipment not worn (?)

Accident report

The following is derived from an interview with the victim in Harare, Zimbabwe, on 27th November 1998.

The victim worked as a medic attached to the Engineer Corps. At the scene of the accident there was a store of mines and ordnance for defence of the Zimbabwe border. Enemy troops had taken some of the mines and laid them on the Zimbabwean side. A soldier stepped on a

mine and the victim went to the site and treated the casualty. As he and three others were lifting the casualty onto a stretcher, a second mine exploded. The victim believed the mine was beneath the casualty. He was not able to identify the mine as other than an anti-personnel mine. (The soldier injured in the first explosion lost his leg above the knee and lacerations to his right arm. He also received blast injuries to his back in the second explosion.)

The picture above shows the victim re-enacting the position he was in when the explosion occurred.

The victim lost his right leg 11cm below the knee. Fragments or gravel hit him on the right buttock, the right arm and his face He lost the sight of his left eye. The photograph shows him reproducing his position at the time.

He did not receive burns or genital injury. He stated that after two weeks he experienced a "bad smell" on his mucus when he blew his nose, and later found specks of blood there. These symptoms stopped during the period of his treatment and he had not experienced them since.

His permanent injuries were the loss of his right leg below the knee, the loss of sight in his left eye and scarring on his arms and legs. He was unconscious after the accident and woke up in Aranda hospital the next day. He was transferred to Harare Hospital two days later. He was discharged after two months and then underwent intensive physiotherapy in preparation for a prosthetic. He was deemed 65% disabled in 1978 and awarded a lump sum of Z$765. He also received a monthly pension of Z$39, which has since risen to Z$183. In 1997 he was judged 75% disabled, but said that there had been no physical deterioration. He was resentful of his loss of sight and felt that the eye might have been saved had more attention been paid to his eye injury and less to his leg injury.

In July 1999 he was working as a medic for a commercial demining company in Zimbabwe.

Victim Report

Victim number: 103 **Name:** [Name removed]

Age: **Gender:** Male

Status: medic **Fit for work:** yes

Compensation: not made available **Time to hospital:** not recorded

Protection issued: None **Protection used:** none

Summary of injuries:

INJURIES

minor Arm

minor Body

minor Face

severe Eye

AMPUTATION/LOSS

Leg Below knee

COMMENT

No medical report was made available.

Analysis

The primary cause of this accident is listed as a *"Field control inadequacy"* because the field supervisors should have ensured that the area around the first victim was checked before allowing the medic and others to go to his assistance.

This may have been normal operating procedure, in which case it was a failing of management to have endorsed unsafe working methods. If it was not “normal” procedure, there was a failure in training.