

# DDAS Accident Report

## Accident details

<b>Report date:</b> 19/04/2006	<b>Accident number:</b> 88
<b>Accident time:</b> not recorded	<b>Accident Date:</b> 22/06/1997
<b>Where it occurred:</b> Abdullah Village, Qalat, Kabul 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> [No date recorded]
<b>ID original source:</b> none	<b>Name of source:</b> MAPA/UNOCHA
<b>Organisation:</b> [Name removed]	
<b>Mine/device:</b> PMN AP blast	<b>Ground condition:</b> grass/grazing area hard
<b>Date record created:</b> 24/01/2004	<b>Date last modified:</b> 24/01/2004
<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>	<b>Coordinates fixed by:</b>
<b>Map east:</b>	<b>Map north:</b>
<b>Map scale:</b> not recorded	<b>Map series:</b>
<b>Map edition:</b>	<b>Map sheet:</b>
<b>Map name:</b>	

## Accident Notes

partner's failure to "control" (?)  
squatting/kneeling to excavate (?)  
inadequate investigation (?)  
long handtool may have reduced injury (?)  
use of pick (?)

## Accident report

At the time of the accident the UN MAC in Afghanistan favoured the use of two-man teams (usually operating a one-man drill). The two would take it in turns for one to work on

vegetation cutting, detecting and excavation, while the other both rested and supposedly "controlled" his partner.

An investigation on behalf of the UN MAC was carried out and its report made briefly available. The following summarises its content.

The victim had been a deminer for five years. He had last attended a revision course 20 days before and had last been on leave 52 days before the accident. The ground on which the accident occurred was described as a medium-hard grazing area.

The investigators determined that, after a dog had signalled at a spot, the deminer located a signal with a detector and marked it, then started digging with a pick. His partner warning him to change to a bayonet at the second marker but he ignored the warning. He dug up to the third marker with the pick, so struck the mine. His pick was "destroyed".

**The Group Leader** stated that the deminer used the pick to excavate right up to the third marker. He recommended that the pick should never be used to the third mark, that deminers should listen to their partners, and that prodding from the second mark forward should be done in a prone position.

**The victim's partner** stated that he warned him not to use the pick after the second mark but was ignored, so the accident was the deminer's fault. He repeated the recommendations of the Group Leader.

### **Conclusion**

The investigators concluded that the victim "violated procedure" by using the pick to investigate the "reading point". They also decided that he was using the pick at an "incorrect angle which caused the accident".

### **Recommendations**

The investigators recommended that the Section Leaders must not allow deminers to "prod with the pick " to the last mark; that deminers must obey their partner's orders when in the minefield; that disciplinary action should be taken against deminers who violate demining rules and regulations; and that all deminers should mark the reading point carefully and centrally.

### **Victim Report**

<b>Victim number:</b> 119	<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> 400,000 Rs	<b>Time to hospital:</b> not recorded
<b>Protection issued:</b> Helmet Thin, short visor	<b>Protection used:</b> Helmet, Thin, short visor

### **Summary of injuries:**

INJURIES

minor Chest

minor Hand

minor Neck

minor Shoulders

severe Hearing

#### COMMENT

See medical report.

### **Medical report**

The victim's injuries were summarised as: minor injuries to both arms and to a finger of right hand. There was no sketch or photograph in the report.

The demining group reported that the victim had sustained superficial injury to his body and hearing loss (especially in his right ear). His injuries were listed as: fragments to neck, both shoulders, both arms and right thumb, lower back pain, partial loss of hearing right ear.

His compensation claim listed his injuries as: superficial body injuries and total hearing loss in right ear and 60% hearing loss in left ear. As a result he could no longer work as deminer.

Compensation of 400,000 Rs was forwarded on 30th October 1997.

### **Analysis**

The primary cause of this accident is listed as a "*Field control inadequacy*" because the victim ignored corrections from his partner and so approached the mine in a dangerous manner.

Field supervisors should have been present to make correction because the partners' inability to "control" each other was well known. The use of a long-handled tool may have reduced his injury. No mention is made of his helmet and visor but, in the absence of facial injury, it is assumed it was worn.

The victim was reported to have been using the pick at the wrong angle, and his use of the pick appears to have been in contravention of a UN directive about its use that no-one involved in the investigation was aware of. There appears to have been a communication breakdown that was a "*Management/control inadequacy*".

The use of a squatting position to "excavate" was in breach of UN requirements, but not in breach of the demining group's unauthorised variations to those requirements. The failure of the UN MAC to either listen to field feedback and adapt the SOP for local conditions, or enforce their own standards may be seen as a management failing.

The victim's severe deafness is common in Afghan claims at this time, when insurance favoured such injury and testing the validity of claims was hard.

The agency that was used to make investigations for the UN MAC (based in Pakistan) at this time was frequently constrained by lack of funds, staff and transport. At times their movement was constrained by safety concerns. As a result, investigations were frequently delayed by weeks, meaning that an assessment of the site at the time of the accident was impossible.