

DDAS Accident Report

Accident details

Report date: 17/05/2006	Accident number: 160
Accident time: 11:05	Accident Date: 24/11/1998
Where it occurred: Banteay Village, Malay District, Battambang Province	Country: Cambodia
Primary cause: Unavoidable (?)	Secondary cause: Inadequate equipment (?)
Class: Excavation accident	Date of main report: 19/01/1999
ID original source: none	Name of source: CMAC
Organisation: Name removed	
Mine/device: Type 72 AP blast	Ground condition: not recorded
Date record created: 14/02/2004	Date last modified: 14/02/2004
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

no independent investigation available (?)
squatting/kneeling to excavate (?)
inadequate equipment (?)

Accident report

At the time of the accident the demining group operated in a two-man drill whereby one deminer used the detector and marked any signals while the other looked for tripwires, cut undergrowth and excavated any detector readings.

An internal investigation by the UN controlled demining group (which is also the country MAC) was found on file in January 1999. Written in Khmer and dated 7th December 1998, the following summarises the translation.

The working area was on the Cambodian mid-level (as opposed to flood plain and mountainous area) so there was a lot of bamboo. The victim was the prodder man and was called by his partner to investigate the source of a detector reading near some bamboo. The victim knelt on the ground and prodded the area for a short time. At 11:05 he initiated a mine and fell back into the cleared area.

The victim received slight injuries to his face, neck and chest. His safety spectacles remained intact. The detector man swept a path to the victim and he was taken to the Battambang Emergency Hospital.

Statements were taken on 5th December 1998.

The victim stated that he had been a deminer for five years. He was kneeling on both knees and did not use his trowel but hit the mine at the 4th or 5th prod. He thought the mine was tilted at an angle.

The victim's partner said the victim was wearing his safety spectacles. He had only worked as a partner of the victim for a total of 12 hours.

Conclusion

The investigator concluded that there was a strong possibility that the mine had been laid at an angle to make its clearance difficult. Fragments of both a T72a and a T72b were found at the site, suggesting that the T72b was laid to make the combination more sensitive. The victim's kneeling position made it difficult for him to prod at the correct angle and it is possible that he exerted too much force with his prodder.

A sketch of the accident site was on file along with good photographs of the victim's equipment (except the prodder) and his safety spectacles at the accident site.

Victim Report

Victim number: 205	Name: Name removed
Age: 27	Gender: Male
Status: deminer	Fit for work: yes
Compensation: not made available	Time to hospital: 2 hours 40 minutes
Protection issued: Safety spectacles	Protection used: Safety spectacles

Summary of injuries:

INJURIES

minor Chest

minor Eyes

minor Face

minor Hearing

minor Neck

COMMENT

See medical report.

Medical report

The surgeon at the Emergency (life support for civilian war victims) Hospital wrote a note in English, dated 8th December 1998 as follows:-

"[The victim], aged 27, was admitted at the Emergency Hospital on November 25th 1998 at 1:45pm, as an urgent case for mine injury. On admission the patient was in good condition and presented soft tissues injury of the face, non penetrating eyes foreign bodies, bilateral tympanic membrane rupture.... On discharge (December 8th) the face lesions had healed, vision was normal on both eyes, tympanic membranes nearly healed." [It is assumed that the date of the patient's arrival was recorded incorrectly and should have been 24th.]

The country MAC's medical report confirmed that the victim was taken to the Emergency Hospital the following day (but at 2pm) but the file contained no details of where the victim was taken beforehand. A medic's sketch indicated the injuries. The same doctor as above signed the report and recommended that the victim be allowed to return to work.

A photograph of the victim showed his face wrapped in bandages apart from his mouth and nose. The photograph also showed small wounds to the neck and upper chest.

Analysis

The primary cause of this accident is listed as "*Unavoidable*" because it seems likely that the victim was working properly (in accordance with his SOPs) when the accident occurred.

The victim's injuries were light enough to allow a rapid return to work. This implies that the inference of a boosted charge made from the presence of fragments identified as from both a T72a and a T72b may have been false. Identification may have been inaccurate, or some of the found parts may have been from a previously detonated device. Use of two T72s together does not occur in other records for the area. The 3V lithium battery functions (two batteries) of the Type 72B would be most unlikely to have functioned so long after being laid and armed [estimated 3 month battery life].

The investigator of this accident clearly believed that the victim should have been lying down to excavate. This is in line with the group's published SOPs but not the group's admitted practice. Management have failed to publicly recognise that the deminers do not/cannot work in a prone position despite all their accidents occurring in the kneeling/squatting position since 1994 (some UN Technical Advisors are more honest but many are unaware of field practice). If management were not so blind to the facts, they might have provided more appropriate protective equipment (although the inadequacy of thin (unrated) safety spectacles in any position might be thought obvious).