

Negligence on the Battlefield

Three Examples from OIF

Kicked Charging Handle

Contributed by 1stLt Michael Prato, serving with 1st Marine Division in Iraq.

On a day in early April 2003, the Marines of Operation Iraqi Freedom were making their final push to Baghdad. Resistance came in pockets, with intense fighting for small towns along several main supply routes (MSRs). For one platoon, the taking of an objective cost them two wounded in action (WIA)—not uncommon; however, one of the wounded was the victim of his own negligence, not enemy fire.

The platoon, mounted on amphibious assault vehicles (AAVs), was pushing north on an MSR when it came under fire from their flank. The platoon disembarked from their AAVs and began to attack a series of nearby buildings. An element of the Iraqi Republican Guard was dug in around and inside the buildings, firing at the Marines.

The platoon commander called for 81-mm mortars and coordinated an internal base of fire to support an assault of the objective. The platoon's third squad was tasked with clearing the right one-third of the objective.

Once given the signal, the squad assaulted, using hand grenades and rifle fire.

One of the fire teams became exposed in the assault and were suppressed by enemy fire. At this point, the M249 squad automatic weapon (SAW) a Marine was carrying malfunctioned. Under the hail of gunfire, the young Marine panicked in his attempt to clear the stoppage. He desperately wanted to get his weapon back into the fight. Unfortunately, he tried to clear the M249 improperly.

The Marine repeatedly had tried to pull the charging handle to the rear, to no avail. Without opening the feed-tray cover to check the reason for the stoppage, he had no idea what was happening to the rounds inside the chamber. He grasped the M249 with his right hand on the barrel and began kicking the charging handle to the rear to clear an apparent double feed. At this point,

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the Marine was in front of his weapon, with the muzzle pointed at his arm.

The charging handle finally released to the rear, discharging one 5.56-mm round that went through his forearm and exited near his elbow. Now even more disoriented, the Marine jumped up and was shot again in the arm by Iraqi fire. He now was out of the fight and a burden to his platoon, which still was in the fight. The Marine was MEDEVACed to the rear and, eventually, fully recovered.

Several lessons can be learned from a mishap like this. The platoon commander's first assessment was experience with the weapon. In the days before the Marines crossed the border, several new PFCs were assigned the M249, all of whom had minimal training with the weapon. The M249 is an open-bolt weapon that requires more training, maintenance, and overall weapons-handling experience to be used effectively in the fight. By TO, Marines carrying the M249 should be lance corporals and the second most senior men in conventional fire teams.

Second, the Marine used improper procedures to clear the stoppage. The method for combat does not differ from what one would do on the range or in training. The Marine first should have sought cover.

Then he should have waited five seconds before he started trying

to clear the weapon by pulling its charging handle to the rear (observing for feeding and ejecting). In combat, a Marine is expected to run through this procedure, but seeking cover will give him enough time to allow for a hangfire. If the weapon feeds and ejects, he can get back in the fight.

At this point, the Marine must determine whether he has a hot or cold barrel. Firing 200 rounds in two minutes will make a barrel hot, and potential exists for cookoffs. The next step would be to lift the feed-tray cover and check the operation of the weapon. A hot barrel would require the Marine to wait 15 minutes for a cookoff. In this combat situation, a Marine does not have time to wait. Before lifting the feed-tray cover, he should have made sure the weapon was on safe. While lifting the feed-tray cover, always look away to prevent a cookoff from throwing shrapnel back into the your face. At this point, the Marine should have swept the feed tray and checked under it for rounds in the chamber. Anytime one is found, remove the round if the barrel is cool. With a hot barrel, caution should be taken when removing a round from the chamber. With a jam having occurred and a hot barrel, it might be a smart time to change the barrel. Weapons handlers should practice these techniques and procedures until they are comfortable, and their immediate actions are as second nature as tying their shoes.

In this instance, the root cause was inexperience with the M249. When one adds the chaos of war, an inexperienced Marine may make some poor decisions. It's the job of the leaders to ensure our Marines have the necessary training to fall back on when the fight begins.

Near-Miss With a .50 Cal.

In March of this year, as part of OIF II, Marines were tasked with security at a facility in Baghdad. An M2, .50-caliber heavy machine gun emplaced in one of the posts was the source of a negligent discharge. Facing outside the compound, the weapon was discharged by a Marine on post. No injuries occurred, but a civilian sport-utility vehicle down the road was hit.

The weapon should have been in condition three: no round in the chamber, bolt closed, rounds on the feed-tray, feed-tray cover closed. (*The M2 .50-caliber, heavy machine gun does not have a safety.*) During the guard's post turnovers, weapons conditions were not being checked, and Marines were assuming that a condition-three weapon was on the post. Sometime before the mishap, the M2 was put into condition one (*round in the chamber, bolt closed, feed-tray cover closed*). The

Photo by Cpl Carl A. Atherton

Marine on post didn't know what condition the weapon was in, and he had not bothered to check.

At some point during his post, a vehicle began to approach the compound. The Marine was leaning over some sandbags. To get a better view of the vehicle, he raised himself up by pushing off the weapon—its trigger to be precise. The M2 discharged two rounds, confirmed by the shells lying beside the weapon.

The negligence in this case simply was violation of the third safety rule: Keep your finger straight and off the trigger until you are ready to fire. The root cause was overall complacency in the post turnover.

Immediate action was taken to remedy the causal factors. Crew-served weapons would be uploaded and downloaded upon each post turnover. Proper guard-turnover instructions would be included with guard order, as well at each post. The corporal or sergeant of the guard (COG/SOG) would supervise these steps. Posts would be assigned based on MOS to ensure that Marines with proper experience and knowledge were with crew-served weapons.

This incident was unique in that good lessons were learned, and no one was injured. However, consider the possibilities had a Marine or even civilians been down range of this weapon.

Use a Clearing Barrel!

Negligent discharges have not been confined to the combat-arms Marines. As this example shows, a negligent discharge can occur in the process of clearing a weapon improperly. Some mishaps have occurred when a weapon was thought to be in a safe condition but instead had a round in the chamber.

A support-company combat convoy was returning to their camp after delivering sustainment supplies to forward-deployed combat forces. The weather was clear and cool, with a full moon and no clouds.

While passing through a military-police checkpoint, an LVS with a driver and an A-driver drove over a bump in the road created by a fuel-distribution system. At the same time, the LVS A-Driver was clearing his weapon (*going from condition one to condition four*). The butt-stock of his rifle was on the seat of the vehicle, and the muzzle was pointed in the direction of the sun visor.

As the LVS hit the bump, the Marine's rifle discharged one round. It exited the weapon, passed through the visor, struck the ceiling of the LVS, and ricocheted along the top of the cab. A metal fragment from the ricochet hit the driver in the neck. He pulled his vehicle to the side of the road and turned on the cab lights, whereupon he noticed blood coming from his neck. The A-driver proceeded to administer first aid to the driver.

Meanwhile, command vehicles dispatched a corpsman to the scene. The driver underwent neck-exploration surgery to remove the metal fragments. He eventually was released and returned to full-duty status.

Weapons clearing must be done at a clearing barrel. After a long convoy, Marines are tired, but they need to get down out of their trucks and do as the compound SOP instructs, with regards to clearing weapons. By shortcutting procedures, mishaps can occur. This most likely was not the first time this Marine had cleared or had observed someone else clear a weapon in the cab of a truck.

Complacency can develop from unsafe conditions not being corrected. Eventually, though, a mishap will occur. Use this incident and the others here to illustrate the damage that can be done when you get complacent with weapons. **GW**

If you have witnessed a negligent discharge submit your lessons learned to Safe-GroundWarrior@navy.mil.—Ed



Photo by Cpl Joel A. Chaverri