

Month Year	Activity Category	Activity	Incident Severity	Incident Category	Terrain	Incident report	Lessons-learned	Key Learnings
Oct-25	Trip	Climbing	Minor	Slip, Fall, Capsize	Rock - talus, boulders, scree	Climber skidded and lost balance on some loose rock in a gully while descending from a climbing objective. C fell and slid downhill about 30 ft with some rolling rocks. C had some bruising and abrasions on hand. We traveled close together through the gully and spread out across the gully when it widened near the trail. No one was nearby or below C when the rocks were kicked down.	Stepping carefully on tired legs is important. Otherwise, there's not much that could have been done to prevent the skid.	Mindful Walking
Oct-25	Trip	Climbing	Significant	Slip, Fall, Capsize	Trail	<p>Leader: While walking on a trail in between climbing routes, a participant took a misstep, slipped, and fell resulting in them injuring their ankle. This section of trail consisted of loose gravelly terrain. During the slip, they dropped a climbing shoe down the cliff approximately 60 feet down from the trail. I was nearby and immediately went to assist the injured participant who reported ankle pain, and the climb mentor (a medical doctor) did an assessment. CM recommended the injured participant get x-rays, and with the help of another participant wrapped the ankle for support. While the remaining climbers finished the routes they were climbing, I built a gear anchor and rappelled down to retrieve the dropped climbing shoe and ascended back up to the trail.</p> <p>The injured participant walked with assistance of a trekking pole and a stick clip improvised as a second trekking pole. As a group, we walked back to the cars. Myself and another participant carried the injured participant's backpack. The injured participant was driven home by carpool partner, and reports plan to get x-rays on Monday.</p> <p>Participant: A participant slipped and fell on the trail along the base of the climbing area. One of their climbing shoes was dropped and rolled down the slope. Their ankle was injured in the fall. The leaders assessed the injured ankle and taped it for support. The injured person was able to self evacuate the short distance to the cars with help from other participants and the use of a borrowed hiking pole and improvised second pole. The shoe was down a fairly steep slope above a cliff. After the injured person was stabilized, the leader rigged a rope for protection and then retrieved the shoe.</p>	<p>Leader: This was an unfortunate misstep and slip. I could have warned the group about potentially loose and slippery terrain and reminded them to take care there. However, this was an experienced group. While the injured participant was the only person who hadn't climbed at this location, C had prior experience in more challenging terrain. Based on this experience, it seems unlikely that a reminder to take care on loose trail would have prevented the misstep. Additionally, the participant was wearing trail runners. While a shoe with greater traction could have more grip in this spot, my co-leader's foot slipped on the same spot (though CL did not fall) despite wearing approach shoes. I appreciate the quick response and teamwork from the group. Two people stepped up to help provide medical care, and it helped that one was a medical doctor. Participants lent gear for the injured participant to use as trekking poles and we took turns carrying their backpack for them down the trail. It was helpful that most people carpooled on this trip, so that the injured participant did not have to drive home.</p> <p>Participant: The incident is a reminder be careful along the base of climbing/cragging areas.</p>	Mindful Walking
Oct-25	Trip	Day Hiking	Minor	Slip, Fall, Capsize	Trail	A hiker slipped on dry dusty dirt/steep terrain in the avalanche gully (bright sunlight) on our descent. H was using trekking poles. H experienced a very minor cut (road rash) on right elbow, with very slight bleeding, but H did not require anything except rinsing with water and letting it air dry. H continued without any problems.	The only thing that might have helped is to point out that we were entering dry dusty conditions and to slow down if needed. When tired and pressed for time, sometimes people push themselves to go faster than they need to. I almost didn't report this because it was so minor.	Mindful Walking
Nov-25	Trip	Trail Running	Minor	Slip, Fall, Capsize	Trail	A participant on a trail run tripped on a small rock and fell. They were able to roll in their fall, reducing overall impact. The group stopped to provide any assistance or support, but the participant was able to get up on their own. They noted their forearm may bruise later and a small scratch on their hand but felt comfortable continuing.	Even small rocks can be a hazard so being mindful of the trail conditions is essential.	Mindful Walking
Nov-25	Clinic	Sea Kayaking	Assistance given	Boat/ kayak mishap	water - large bodies, fresh or salt	While loading kayaks onto vehicles, a motorist drove up and told the group another kayaker was in distress just outside the bay, where we had just landed after a class where we experienced 16 kt winds and 3 feet chop. One member of our group called EMS, and another member went over the bridge to visualize the situation. A third kayaker prepared their boat and equipment to assist the kayaker if needed. The kayaker in the water was not a Mountaineers member, and was not part of our group. K had flipped boat in windy conditions and was having difficulty getting back on or to shore. The person that went to evaluate the situation, notified the leader the "victim" was able to get to shore, and EMS was notified. The victim later loaded their kayak onto their vehicle and was leaving as EMS arrived.	Sometimes we need to help others.	

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Oct-25	Trip	Global Adventure	Minor	Slip, Fall, Capsize	Snow - non-technical	<p>The group needed to trek down to the next town in order to facilitate getting out of the mountains after a snowstorm (no other transport was going to be available). It had snowed about a foot the night before, though the track was well tramped out. The group had good footwear, microspikes and trekking poles. About an hour after starting out, the leader stepped slightly off the trail and rolled their right ankle pretty badly. L was able to shake it off and continue walking; but in the next hour L rolled the same ankle again. It was painful but we had to keep going. L took some ibuprophen and kept walking, with some pain. When L got to the evening's guest house, the foot, ankle and calf had swollen considerably and the foot was purple; but no other signs of infection or other problems. We were able to catch a helicopter down the next morning, and L stayed off the ankle for the rest of the trip. Still, after a 30-hour flight itinerary to get home, the foot, ankle and calf were badly swollen. Arriving home, L went to Urgent Care for an Xray just to be sure nothing was serious, and as expected there was no fracture, just continued swelling. L continues to rest and elevate the ankle and things are getting better with no pain.</p>	We were careful and had good gear. I don't know of anything that we could have done to avoid this.	Mindful Walking
Nov-25	Trip	Scrambling	Assistance Given	OTHER - Please describe in	Snow - steep, ice axe, poles	<p>At 3pm we were headed down from a successful summit, when we came upon a solo hiker with an injured dog. The dog was an 80-lb, 7-yo male standard poodle, whose back legs had collapsed from hip dysplasia or a secondary injury. The owner had a small backpack with a thin soft-shell as an outer layer. There was also another standard poodle. When the dog tried to walk its legs would fold. We assessed the scene, including the dogs' demeanor, which was very docile and sweet. The trail was very narrow and snowy up top (the rescue started at 5600ft and continued 5.2mi to the TH at about 3200ft), but we thought we could still help and keep ourselves safe. One of our leaders had a down blanket (which mercifully held up through the whole rescue), we had leuko tape and athletic tape, carabiners and straps (dog leashes and other accessory straps), so we set to work building a hammock out of those things and trekking poles. We started two abreast on the back end and front end, but as the trail entered an icy, rocky and steep area (below the avy slope) and we were all exhausted, despite short shifts (there were 7 of us), we had to figure out a different system. Using the straps and carabiners, we rigged up a single-file system. For the front, we put the straps over the lids of backpacks, threaded them through our arms, tied them onto 2 trekking poles and clipped them with a carabiner to ice ax loops for extra support. The front person carried a little like a sled on Denali :-). The back person had 2 trekking poles in front of them, also tied with straps and the straps below their armpits and looped over the lid of their pack. The back spot was the hardest position. We each took shifts for about .5mi, moving at about .3mph. TBH, the going went faster when the stronger participants carried, but everyone took shifts to make sure they didn't gas themselves. One of our participants slipped on a slippery root - we were using headlamps by now, but mostly the 2 carriers functioned like a 2p rope team, calling out "slack" and "tension" to keep themselves paced, and the front person calling out obstacles for the back person. Everyone is probably very sore and stiff, but there were no human injuries reported this morning. We got down around 9pm, debriefed quickly and dispersed. The owner of the poodle, said the dog was doing better this morning and would consult with a veterinarian about the condition and whether there could be secondary injuries.</p>	<p>Takeaways: the dog owner was very lucky we were there. We were the last group off the mountain, and one other solo hiker came up behind us and took part in the rescue as well. If we had passed even 20min earlier, the dog owner would have been alone on the mountain with two dogs and a thin soft shell, no rescue gear, probably all night. We also had enough supplies to build a hammock and the ingenuity to rig up a system, and improve upon it as we traveled. Several of us had experience on rope teams, which allowed us to manage the team carrying. We also had a doctor and a physical therapist, who were not only monitoring the dog, but also the carriers for fatigue and muscle/joint pain. The dog's demeanor was sweet, though he grew a bit fidgety by the end. If he'd been snappy, we might have had to make a different decision about whether to help. He was also very docile on the trickiest parts of the trail. By the time he got fidgety, we were on a wide trail without many obstacles. Finally, we were all on board with helping. No one was grumpy, though we all had our internal moments, that we admitted afterward. No one said, "Well, it's just a dog." We all treated it as we would have treated a human in trouble because his owner would have definitely been in trouble without the assist. We also talked about calling SAR and recognized that, in these times of low to no staffing at USFS, SAR might be less likely to come out for a dog, and we were the last resort if they wanted to get off the mountain that night. Very proud of our team, as always. Our 3 participants had all been part of rescues we've stopped for in the past, so they know that it's part of our ethos (our claim to fame), that we end up getting involved in this kind of stuff.</p>	
Nov-25	Trip	Day Hiking	Minor	Slip, Fall, Capsize	Trail	<p>A hiker slipped or tripped twisting their left ankle and falling about three feet to the side. After resting briefly, the hiker reported the injury was milder than past incidents with the same ankle. The group paused while the first aid leader confirmed there were no fractures or additional injuries. The hiker had a minor cheek bruise, but declined taping the ankle, stating they could walk unaided. The injured hiker drove home safely and later texted that the ankle was sore but manageable.</p>	The group was close together, allowing everyone to see and hear when the incident occurred. They stayed together while the first aid leader assessed the injured hiker's condition.	Mindful Walking

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Nov-25	Trip	Sea Kayaking	Near Miss	Boat/kayak mishap	Water - large bodies, fresh or salt	The co leader decided to make another pass through an eddyline. I was unaware of this thinking CL was right behind me. CL capsized and when CL blew whistle and pounded on boat only one person was close enough to hear and assisted with a rescue.	I personally learned three things that others can learn from. One never assume someone is right behind you, two CL forgot paddle float and I allowed CL to paddle anyway. Had CL had all the required equipment a self rescue would not have been in question. Lastly, I discovered that sound does not carry as far as you think so you really need to be aware of distances especially in dynamic conditions.	
Nov-25	Trip	Day Hiking	Safety Concern	Slip, Fall, Capsize	Trail	We were hiking down on a snowy, not-especially-steep section of trail. Most if not all participants were wearing microspikes, more for comfort than necessity. I believe the person behind me was wearing one microspike as the other one had fallen off. I don't know if they were using poles. As we were descending, I felt like the person behind me was too close. I chose not to say anything because I didn't want to be too picky. The participant slipped, with feet shooting out in front of them. Their spike glanced the back of my hamstring (2" superficial scrape 2 days afterwards) and ripped my pants (3" L-shaped tear). The hiker seemed unhurt, left more space between us for the rest of the descent, and graciously offered to help replace my pants. I mention the incident to encourage people not to follow others closely, something that seems common among Mountaineers.	Leave space (8 ft?) between hikers. Speak up if your personal space feels encroached upon.	Correct Foot Gear Equipment Technique
Dec-25	Clinic	Day Hiking, Urban Walking, Cross-country Skiing, Snowshoe	Significant	Illness	Developed spaces, campgrounds, fields	Just after we met at a waterfront park and started warm up exercises at 6:45pm, a participant had to stop suffering from a severe attack of vertigo. Two other participants helped P sit down on the ground while I retrieved a chair. P's condition once seated was not dire enough to call 911. Instead at P's request I called an Uber to take P to urgent care. We all agreed to end and reschedule the clinic at that point. It had only lasted about 10 minutes. The Uber car arrived and was able to stop very close to us. We assisted P into the car and I accompanied P to Urgent Care. Once P had been briefly examined P asked to be taken to the nearest ER unit as P would otherwise have had to wait two hours for a full examination. I ordered another Uber ride and P and I were dropped off at an ER. There P received a very thorough examination and a number of tests followed by fluids and some drugs administered. P was released about midnight. P has suffered from vertigo before. However, 48 hours later there has been no reoccurrence.	P has exercises to help prevent a repeat attack and P has spoken with the PT who treated P last time. P indicates the PT emphasizes need to keep well hydrated. As clinic leader I do not think there is anything I could have done differently that could have prevented this incident or resulted in a better outcome. Agreeing with P's wishes not to call 911 but to be taken to the nearest urgent care facility and then on to the nearest ER unit by Uber was I felt the best option and one I would certainly facilitate again if a similar incident occurs again in accordance with the participant's wishes.	

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Dec-25	Trip	Backcountry Skiing	Near Miss	OTHER - Please describe in Incident Narrative.	Snow - non- technical	At approximately noon, I encountered a significant wet loose avalanche hazard while traversing south-west facing slopes. I was forced to shelter in place for approximately 5 minutes while 7-10 large roller balls (2-5 feet diameter) cascaded down the slope within close proximity of my position and across the next ~200 feet of skin track. There was a lot of wet loose debris across this entire south/southwest-facing aspect. At the time of the incident, the party was spread over approximately ~700 feet below avalanche terrain, with 4 of 5 skiers having already crossed this direct hazard incident zone (I was in the rear), but all were still generally exposed to south/southwest-facing slopes. Full details and terrain maps in the attached.	<p>Route Selection: imho, the objectives chosen were overly ambitious given the forecasted wet loose avalanche conditions and observed weather. Traversing south/southwest-facing slopes during peak solar heating with temperatures well above freezing directly contradicted the avalanche forecast. An additional factor, the approach highway was scheduled to close at 6pm for repairs, which knew this before heading out. It's pending closure placed significant stress on our skin out to the cars, further outpacing me from an already fatigued state.</p> <p>Timing: continuing through hazard terrain at noon, during maximum solar heating, significantly increased wet loose avalanche risk.</p> <p>Party Separation: The team became spread over 600-700 feet below avalanche terrain, compromising rescue capability. We were still skinning, so had a rescue have become necessary, it may have required team members to transition to ski mode.</p> <p>Hazard Recognition: Despite clear avalanche forecast warnings and observable evidence (roller balls releasing), the party continued on the planned route without</p>	Avalanche safety