

# The Mountaineers Annual Safety Report for 2013

May 11, 2014

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## Introduction

The purpose of the Safety Committee is to promote a culture of safety among The Mountaineers. This is accomplished by:

- 1) The collection and reporting of accidents and near misses
- 2) Education and training of our leaders and instructors

The ongoing goal is to build structure around this culture of safety such that The Mountaineers continue to be recognized as industry leaders in safety for outdoor activities.

Functions of the Safety Committee from the charter (The Mountaineers Board Policy 322):

- Collect, develop and distribute safety education and knowledge pertinent to each activity.
- Benchmark volunteer and professional organization safety programs and standards.
- Work to stimulate creation and maintenance of Safety committees within each Branch. Help to standardize and educate safety concepts and awareness at the branch and activity levels.
- Develop and perform standardized collection of data on at risk activities from all branches, via trip, accident, near miss, and other reports, and make this data available to all branches.
- Standardize trip reporting to collect information on routes, accidents, and near misses, and enhance systems to share this information.
- Ensure a thorough and professional accident investigation is performed for all fatalities and major accidents in a timely manner. This is coordinated through the Executive Director and may include outside and/or professional input.
- Assist in the development of standards for leader qualification and continuing education.

Safety committee goals for 2013 included:

- Collect information on accidents in a systematic manner
- Write up reports for major incidents in a systematic format
- Communicate summaries of facts from the accidents to members
- Facilitate discussion of accidents and safety measures among members
- Increase reporting of all incidents, even those with less serious outcomes

We track incidents as Major, Significant, or Minor:

- Major incidents are those that require emergency medical attention or where 911 or Search and Rescue is called and a search is performed.
- Significant incidents are those that require non-emergency medical attention or where 911 or Search and Rescue is called but no search is performed.
- Minor incidents do not involve medical attention or 911/Search and Rescue calls.

We modified the Major and Significant incident category definitions for the 2013 report related to 911 or Search and Rescue calls. In previous years, all calls were tracked as Major incidents, regardless of whether a search was performed. Beginning in 2013, we distinguish whether or not a search was performed in the incident definitions. In addition, we track the type of incident, such as a fall/slip;

hit/cut; personal illness, preparation, conditioning; boating; logistics; near misses or lessons learned; and informational.

## Summary Statistics

**Major Incidents** involve emergency medical attention or hospitalization; Search and Rescue (search performed); 911 call (emergency responders). There were 14 major incidents reported in 2013:

1. Suspected heart attack (emergency medical attention) – Stevens Lodge, January 19
2. Drowning (emergency medical attention) – Green River Headworks, April 7, Whitewater kayak outing
3. Broken ankle (emergency medical attention) – Leavenworth, Icicle Canyon, R&D, April 20, Intermediate rock field trip
4. Dislocated shoulder (emergency medical attention) – Budd Inlet, April 23, Basic sea kayak field trip
5. Stitches in leg (emergency medical attention) – Baker Lake Trail, May 12, Venturing outing
6. Temporary blindness from corneal edema (emergency medical attention) – Mt Hood, Palmer Glacier, June 1, Basic glacier climb outing
7. Fractured foot (emergency medical attention) – Liberty Bell, SW Face, June 7, Intermediate rock climb outing
8. Fractured vertebra (emergency medical attention) – Mt Stuart, N Ridge, July 5, Intermediate rock climb outing
9. Stitches in leg (emergency medical attention) – Guye Peak, S Rib, July 19, Basic rock climb outing
10. Scratched cornea (emergency medical attention) – Sahale Peak, Quien Sabe Glacier, August 3, Basic glacier climb outing
11. Fractured tibia (emergency medical attention) – Guye Peak, W Face, August 23, Basic rock climb outing
12. Hangman's neck fracture, fractured cheekbone, broken ankle, compound dislocation of the right thumb, broken fingers, stitches on the forehead, lacerated eyelid, abrasions (911, emergency medical attention) – N Early Winter Spire, S Face, August 24, Intermediate rock climb outing
13. Fractured back and sprained ankles (SAR, emergency medical attention) – Guye Peak, Improbable Traverse, September 8, Intermediate rock climb outing
14. Stitches in leg (emergency medical attention) – Curtis Glacier, September 14, Intermediate ice climb field trip

These major incidents were categorized as:

- Fall/slip – 9
- Hit/cut – 1
- Personal illness/preparation/conditioning – 3
- Boating – 1

Three occurred during organized course field trips.

**Significant Incidents** involve medical attention or SAR or 911 call but no search performed. There were 15 significant incidents reported which resulted in the following injuries:

1. Sore neck after automobile crash (medical attention) – Paradise, Mt Rainier NP, February 2, Snowshoe outing
2. Sprained knee (medical attention) – Heybrook Ridge, February 9, Navigation field trip
3. Hurt foot (medical attention) – Copper Creek Hut, February 17, Nordic ski outing
4. Injured shoulder (medical attention) – Mt Rainier NP, April 20, Alpine scrambles field trip
5. Sprained wrist (medical attention) – Ozette Triangle, April 21, Hiking outing
6. Torn cartilage in ribs and sternum (medical attention) – Paradise, Mt Rainier NP, April 27, Basic climbing field trip
7. Sprained foot and bruised ribs, wrist, and shoulder (medical attention) – Vantage, May 4, Aid climbing outing
8. Bronchial inflammation (medical attention) – Denali W Buttress, June 4, Intermediate mountaineering outing
9. Overdue party (SAR called, no search) – Ingalls Peak, E Ridge, June 5, Intermediate rock climb outing
10. Hit head (medical attention) – Squamish, June 8, Crag climb field trip
11. Injured tendon, party split (medical attention, SAR called, no search) – Mt Adams, Adams Glacier, June 9, Intermediate ice climb outing
12. Party split (SAR called, no search) – Coldwater Loop/South Coldwater trail and Lakes trail, July 20, Hiking outing
13. Fractured knee cap (medical attention) – Magnuson Park, The Brig, August 20, Social folk dance event
14. Back spasms (medical attention) – Norse Peak, August 22, Midweek hikes outing
15. Overdue party (SAR called, no search) – Colchuck Peak, NE Couloir, October 19, Intermediate ice climb outing

These significant incidents were categorized as:

- Fall/slip – 7
- Hit/cut – 1
- Personal illness/preparation/conditioning – 2
- Logistics (overdue party, party split, automobile incident) – 5

Four occurred during organized course field trips.

**Minor Incidents** involve anything else reported but no medical attention is required. See Appendix A, Summary of Minor Incidents. There were 99 minor incident reports made, categorized as:

Fall/slip – 41

- Fall/slip on nontechnical terrain – 16
- Fall/slip on snow – 19
- Fall/slip on rock – 5
- Fall/slip on ice – 1

Hit/cut – 6

- Hit/cut by tree – 1
- Hit/cut by rock – 1
- Hit/cut by equipment – 1
- Hit/cut by other person – 1
- Hit/cut by other object – 2

Personal illness/preparation/conditioning – 26

- Head/eye/nose – 1
- Leg/knee/ankle/foot – 3
- Shoulder/arm/hand – 1
- Fatigue/weakness/conditioning/flu/cold – 8
- Heat/dehydration – 3
- Cold/hypothermia – 1
- Insect bites – 6
- Unspecified/general – 3

Boating – 1

- Kayak flip – 1

Logistics – 8

- Routefinding, overdue party – 1
- Party split from group – 4
- Automobile – 3

Near miss or lessons learned – 4

- Equipment limit or lack – 2
- Rockfall triggered by party – 2
- Fire – 0

Informational – 13

- Assist other party – 3
- Automobile – 2
- Route conditions – 3
- Equipment limit or lack – 2
- Training/skill limit or lack – 1
- Other – 2

Eleven of these minor incidents occurred on an organized course field trip.

## Major Incidents (Emergency Medical Attention; Search and Rescue or 911 call and search performed)

### January 19, 2013 – Stevens Lodge (Properties)

Category: Major

Incident Type: Personal illness, preparation, conditioning – heart

Injuries: Suspected heart attack (emergency medical attention)

Summary: A guest at Stevens Lodge was going in and out of consciousness one evening. He complained of heartburn, was sweating profusely, and was confused. The lodge chair consulted others, suspected a heart attack or stroke, and called Stevens Pass Ski Patrol. The Ski Patrol recommended that the guest receive further medical attention. The guest vomited. A Ski Patrol administered aspirin and nitroglycerin. The guest was taken by sled to the base area then transported to Valley Hospital in Monroe by ambulance. He remained in the hospital overnight for testing and released the next day. No further information on the diagnosis is available.

### April 7, 2013 - Green River Headworks (Whitewater kayak outing)

Category: Major

Incident Type: Boating – drowning – overturned boat

Injuries: Fatality (emergency medical attention)

Summary:

On April 7, 2013, a party of 3 (the trip leader and two participants) met at Kanaskat-Palmer State Park with plans to kayak the Headworks section of the Green River. The fourth registered party member, who was the second leader, cancelled prior to the trip citing personal illness. This was the first experience trip available for paddlers who completed the new “Whitewater Kayaking for Sea Kayakers” course on March 16-17. The group scouted the put in area. They reviewed the guidebook “A Guide to the Whitewater Rivers of Washington” (1997, second edition, by Jeff and Tonya Bennett) and specifications for a Class 2 run, which is rated as suitable for beginners. Since the flow (2700 cfs) was less than the upper threshold of 3000 cfs, the group assessed the conditions as in the yellow range. The group waited for more people before descending.

Another paddler known to the leader who was not part of the Mountaineers joined them. After they had suited up (including dry suits, helmets, and personal flotation devices), one participant decided to drop out of the trip because she decided that she did not have the skills to control her boat in those conditions. The remaining participant on the trip was a certified instructor for sea kayaking.

The group ran the upper part of the run and eddied out and landed on river left (facing downstream) to scout the most technical drop on the run, called the Railroad Drop. This rapid is formed by an approximately 4 foot high bedrock ledge that extends across approximately 2/3 of the river on river right (facing downstream). The preferred line is down the tongue on river left where the river funnels through an open section in the ledge. The leader pointed out the hazards of the drop, how one needs to execute a line that follows the main tongue on river left and avoids the hydraulic formed by the bedrock ledge just to the right of the tongue under all possible conditions, noting it was “a drowning machine.” The group discussed an alternative far right line as high risk and high consequence if you were slightly off the correct line. The participant decided the river left tongue was moderate risk/low consequence. They discussed options for walking out but the participant smiled and said she was ready to go.

As the group was completing their scout, a highly-experienced fifth kayaker arrived who was paddling solo. Given his previous experience and knowledge of the rapid, this kayaker planned to boat scout the rapid, meaning he did not get out of his boat and scout from shore, and eddied out on the downstream side of a large boulder in the middle of the river and upstream of the drop by about 200 ft. The trip leader and participant joined this kayaker in the eddy behind the boulder at which point the fifth kayaker left the eddy and ran the rapid without incident.

The trip leader went next through the tongue on the left side of the river, which was the preferred line discussed by the group. He capsized when his boat caught a wave at the bottom of the tongue, then recovered by rolling upright. He eddied out further downstream and indicated for the participant and the non-Mountaineers paddler to come down. The non-Mountaineers paddler followed the preferred line down the river left tongue. He also capsized in the rapid, rolled upright, and continued downriver. The participant went down and got caught in the hydraulic to the right of the tongue and capsized. She apparently rolled but was caught in the hydraulic at the base of the ledge. The current took the non-Mountaineers paddler downstream further, where he landed, grabbed his throw bag, and ran through the woods to where he could see the participant. He threw a rescue rope toward her several times but could not reach her.

After a period of time passed without the participant showing up past the hazard, the fifth kayaker and the trip leader noted something was wrong. After landing, the trip leader grabbed his throw bag and bushwacked up the side channel to a wall of bramble but he could not see the participant caught in the hydraulic, clinging to her boat. Because of an impenetrable wall of brambles he could not reach her and was too far to throw the rescue line. She was getting badly beaten up but kept gripping the boat. He screamed repeatedly for her to let go of the boat.

Eventually she weakened or lost consciousness, released her grip on the boat, and was washed out of the hydraulic. A group of 3 paddlers already downstream recovered her body and pulled her to shore, where CPR was performed until Emergency Services arrived and transported her to the hospital. She was declared deceased the following day.

## **April 20, 2013 – Leavenworth, Icicle Canyon, R&D (Intermediate rock climb field trip)**

Category: Major

Incident Type: Fall/slip – rock

Injuries: Fractured ankle, multiple contusions (emergency medical attention)

Summary: A student was leading the 2nd pitch of R&D when she got slightly off-route on wet and mossy rock. As she was down-climbing to join the correct route, her foot slipped on the moss. She was about 10 feet above her last piece of protection when she fell. She tumbled and somersaulted a few times, landing a few feet above a piece of protection. The distance of the fall was about 15 feet. She was unable to place any weight on her right ankle.

The injured climber was lowered to her closest protection placement, where she added additional cams and clipped in. She was soon joined by 2 rope leaders from following teams. A plan was made, and carried out, to do a tandem rappel to the start of the 2nd pitch. At the belay station at the top of pitch 1, a main-line lower with a belay was set up. The injured climber was lowered with an attendant to the

start of the climb. She was assisted to the cars and then taken to the hospital in Leavenworth. Surgery was performed in Seattle to repair her ankle. All the climbers involved in the rescue noted how well the self-rescue went. As one climber reported: "Everyone on the scene had gone through the same rescue training. We used the same techniques and spoke the same language (both figuratively and literally). That made the communication very smooth and efficient. That I think was a contributing factor to a successful self-rescue."

### **April 23, 2013 – Budd Inlet (Basic sea kayak field trip)**

Category: Major

Incident Type: Personal illness, preparation, conditioning – shoulder – overturned boat

Injuries: Dislocated right shoulder (emergency medical attention)

Summary: A student practicing kayak capsizing skills during a field trip dislocated her right shoulder. She was practicing a sweep turn while leaning her boat with another student and two instructors. One instructor saw her lose her balance while she had her paddle in the water and was leaning her boat. The student overturned her kayak. She exited the overturned boat and told the instructor her shoulder was injured and possibly dislocated. The instructor sent the second student to inform the course leader. The first instructor performed an assisted rescue to empty her boat, while the second instructor had the student grab the instructor's boat with her good arm. The course leader and other instructors arrived and helped scoop the injured student into her boat, where she was towed to shore. Another leader was left in charge of the field trip while the course leader and two instructors assisted the injured student into the car. At Group Health Urgent Care, the shoulder was x-rayed and put back in position. Earlier course material includes discussion of paddle positions that minimize the risk of shoulder injury.

### **May 12, 2013 – Baker Lake Trail Crew (Venturing outing)**

Category: Major

Incident Type: Fall/slip – nontechnical terrain – avoiding a falling tree

Injuries: Cut leg requiring stitches (emergency medical attention)

Summary: The top of a tree fell uphill of the trail near a trail crew returning from working on the Baker Lake Trail. As the tree trunk rolled down to the trail, the crew ran away from it to avoid it. One of the crew members slipped and fell down, cutting his leg just under the knee. He was not hit by the tree. There was no wind, snow, or ice. The deep wound was dirty. The crew hiked out and the injured member went to the emergency room, where he received stitches to close the wound.

### **June 1, 2013 – Mt Hood, Palmer Glacier (Basic glacier climb outing)**

Category: Major

Incident Type: Personal illness, preparation, conditioning – eye

Injuries: Temporary blindness, high altitude corneal edema (emergency medical attention)

Summary: On the climb of Mt Hood one student suffered a corneal edema, which caused temporary blindness in one eye. He has since made a full recovery. He had Lasik surgery 15 years ago. On Saturday at the "Alpine" campground at 5,400 ft, we got up at 9:00 PM and started climbing sometime around 11:00 PM with clear skies and a persistent wind from the west (climber's left). The student maintained a strong pace up to the top of the Palmer chair lift, where we stopped to put on crampons. Above the chair lift his pace slowed, and above 10,000 ft he was slower still with some light refraction or fuzziness in the night. The team summited at sunrise, and during the descent with the sun rising the student

realized that he was slowly losing vision in his left eye. The condition worsened until he could not see out of his left eye. He was slow to descend but was escorted by a rope leader the entire way. The leader was slightly ahead with another student eager to descend who was feeling slightly nauseous. The rope leader with the student did not recognize the symptoms of corneal edema.

At 7,500 ft, while descending, the student spoke with ski patrollers who examined him and suggested he descend quickly and see a doctor. They arranged for a ski litter and brought him the last 1,500 ft to Timberline. He was examined by more medics at Timberline and again advised to see a doctor and to descend quickly. The team took the student to Portland, Oregon Health and Science University hospital to see an eye specialist. The student's vision began to improve on the drive to Portland and completely returned to normal after three days.

According to the literature, those who have had some types of Lasik refractive eye surgery (radial keratotomy –RK in particular) are at an elevated risk of visual complications at high altitudes (above 9,000 feet). There is compelling evidence for myopic mountaineers that PRK instead of RK is their refractive surgical procedure of choice. [<http://www.basecampmd.com/expguide/snowblind.shtml>].

### **June 7, 2013 – Liberty Bell/SW Face (Intermediate rock climb outing)**

Category: Major

Incident Type: Fall/slip – snow – hit rock

Injuries: Fractured foot (emergency medical attention)

Summary: After a successful summit, the team of 6 descended the snow-filled gully between Liberty Bell and Concord Tower. The top few inches of snow were soft but firm underneath; the team did not have crampons or ice axes. As they plunge stepped down, one climber's foot slipped about 15 ft above a rock island in the middle of the gully. She was not able to self-arrest as she slid down on the snow before hitting a small rock feet first. The others descended to her and realized her foot was injured, not the ankle, and she had a minor finger cut. She rested a few minutes. She could stand and decided to make it down under her own power slowly. The others kicked steps in front of her, and one took her pack. The team walked out to the cars and drove to the emergency room. She was diagnosed with fractured 2<sup>nd</sup> and 4<sup>th</sup> metatarsals of the left foot.

### **July 5, 2013 – Mt Stuart/N Ridge (Intermediate rock climb outing)**

Category: Major

Incident Type: Fall/slip – rock

Injuries: Fractured vertebra (emergency medical attention)

Summary: While climbing the Gendarme Bypass pitches on the North Ridge of Mt Stuart, the leader took a roped leader fall. She had placed three cams at the start of the pitch but then had no opportunity to place more pro. She chose to continue up instead of downclimbing and reassessing alternatives because the climbing was not too difficult. Her pack and overall fatigue contributed to the fall of approximately 30 ft. The rope caught her and her pack absorbed some of the force when she hit a ledge. She felt intense pain but was able to slowly climb the remaining route, descend, and return to the cars. She drove to emergency room that evening where an exam and x-rays revealed a compression fracture of vertebrae T10 in her thoracic spine. She required 4-6 weeks of relative inactivity to recover.

## **July 19, 2013 - Guye Peak/S Rib (Basic rock climb outing)**

Category: Major

Incident Type: Fall/slip – rock

Injuries: Leg laceration requiring stitches (emergency medical attention)

### Summary:

A basic rock climb of Guye Peak with a leader, a mentored leader and 2 basic students had trouble route-finding and ended up off-route, climbing something harder than the true route. The mentored leader took a leader fall, falling approximately 15 ft onto a small ledge and one of his legs hit a flake, causing a deep laceration in his leg that later required 13 stitches. The leader was above the injured leader, having climbed the pitch and belayed the first student up. The leader left the SPOT device with the student with instructions to call SOS if needed and lowered himself back down to the injured. An intermediate anchor was made on a tree 50 ft above the injured and rope was lowered to him to belay him up on top rope. The second student was belayed up by the leader and the injured prussiked up to the first student, attended to the injury with the first student's assistance. After all in the party made it up to the upper belay ledge the injured leader said he could go up but not on lead. The leader led up, belayed the first student and the injured leader prussiked up and belayed the second student. By 4:30 pm the team was 500 ft below the summit. A 4<sup>th</sup> class gully below the team ended up leading them to slings and rap rings. A scramble gully was attained at 8:30 pm and the injured had difficulty making it down. The injured made it to Swedish Medical Center in Sammamish by 11:30 pm where he was joined by his wife. He required stitches to close the laceration. The leader noted valuable training in the basic and intermediate programs.

## **August 3, 2013 - Sahale Peak/Quien Sabe Glacier (Basic glacier climb outing)**

Category: Major

Incident Type: Hit/cut – tree branch

Injuries: Scratched cornea in the eye (emergency medical attention)

Summary: About two minutes from the trailhead on the Boston Basic approach, one climber got hit in the eye by a branch that snapped back by the person in front of her. Normally a very strong hiker, she slowed down significantly and one of the rope leads stayed back with her. Twenty minutes further up she said she was having difficulty seeing and decided it would be best for her to turn around. A fire fighter/EMT on the team examined her eye with a headlamp and found nothing obviously wrong. The rope lead offered to go back with her, but she insisted on going back alone. The leader felt that she had tons of experience, and no streams were crossed, so the leader reluctantly agreed to let her go back alone. She drove herself to the E.R. in Arlington, then returned to Marblemount and waited for her carpool partner. She was later diagnosed in the E.R. with having a scratched cornea.

## **August 23, 2013 - Guye Peak/W Face (Basic rock climb outing)**

Category: Major

Incident Type: Fall/slip – rock

Injuries: Fractured leg (emergency medical attention)

Summary: The follower on the third rope team ascended about 3 ft when she slipped on the rock and landed wrong on her right ankle. She told the rope leader, who was also the climb leader, by cell phone that she had sprained her ankle and could not put any weight onto it. The leader asked the second rope team above her to drop back to the belay station at the first pitch to provide an additional rope to

rappel back to the injured climber. The climb leader rappelled to the injured follower, removed her boot, and found a slightly swollen and bruised ankle. The remaining party members rappelled back to the injured follower. They splinter her ankle using part of a broken trekking pole they had found on the ascent with athletic tape. A rope leader assisted the injured follower back to the rope using a short-rope technique to her harness and numerous assisted lowers and rappels. They took the injured climber to the hospital where it was determined she had fractured her tibia.

## **August 24, 2013 – South Face of North Early Winter Spire (Rock climb outing)**

Category: Major

Incident Type: Fall/slip – rock

Injuries: Hangman's neck fracture, fractured cheekbone, broken ankle, compound dislocation of the right thumb, broken fingers, stitches on the forehead, lacerated eyelid, abrasions (911, emergency medical attention)

Summary: A team of four completed three pitches of rock climbing (up to 5.7) with some scrambling up gullies in between. They were concerned about poor weather approaching. The first leader was ascending a 3<sup>rd</sup>- and 4<sup>th</sup>-class gully system about 100 ft from the end of the climb. The climbing appeared relatively easy but there were not many good locations to place protection. At a steepening split in the gully, the lead climber was searching for a hold or place to use a piece of protection when his left foot slipped out. He fell face first, skidded down, and tumbled down the 45- to 50-degree slabby rib with intermittent short drops. The falling climber gained speed, but because there were no gear placements, he fell 50 to 60 ft down to his belayer and another 12 to 15 ft past him onto a small ledge where he came to rest.

The belayer removed all slack from the system, clove hitched the fallen climber tightly to the anchor, and loosened his own clove hitch so he could reach him. He told the fallen climber to hold still but could see him getting onto his hands and knees. The fallen climber showed him the compound dislocation of his thumb and said he could not see out of his left eye. The belayer did not see any puncture and identified the problem as blood flowing into his eye from the forehead wound. He performed a quick neck and spine check (no neck pain noted) and examined limbs for major fractures.

The second lead climber reached the injured climber, who had already rotated to a reclined sitting position. He was dazed and badly injured but could talk and did not have difficulty breathing. The second leader performed a body check looking for bleeding or deformations, while continuing a conversation with the injured climber to track his mental acuity and alertness. He began recording his pulse. The injured climber went into mild shock and wanted water. He had several small sips. Initial assessment indicated a dislocated right thumb; severe forehead, cheek, and eyelid lacerations with profuse bleeding; swollen left ankle at a slight angle compared to the right ankle; left pinky pain; minor neck pain when he attempted to rotate his head, even after the team told him not to; and minor abrasions all over. Two hours after the accident he was hungry, and the team gave him some gummy electrolyte blocks and the climber took ibuprofen.

A separate climbing team on the adjacent South Early Winter Spire climb witnessed the fall and called over to the North Early Winter Spire team by voice. Neither team could get cell reception, so the SEWS team began sending mayday calls on their radios. The distress call was picked up by staff at the Cutthroat Classic bike race nearby. The Cutthroat Classic team alerted authorities and sent first responders to the site of the accident.

After assessing the injured climber's status as serious but ambulatory and receiving word that anything they could do to get him to the base of the climb would facilitate helicopter pickup, they began self-evacuation. They ensured that all climbers were on anchors at all times and that two separate anchors were used for lowering and rappelling to provide redundancy and to prevent overloading the anchor. One climber rappelled first to straighten the ropes, check out the terrain, and assist from below. Another climber lowered the injured climber from one anchor using a belay device backed up by an autoblock. Simultaneously, the third climber rappelled using an extended device with an autoblock from a separate anchor next to the injured climber to assist.

They lowered him down multiple pitches of vertical rock into the NEWS/SEWS where they met a member of the high-angle rescue team and the SEWS climbing team. They descended two additional pitches to the base of the climb. The first responded reassessed the injured climber and adjusted his splinting. A helicopter used a cable winch to pick up the injured climber and fly him to Harborview Medical Center in Seattle. The rest of the team walked out to the trailhead and opted to camp instead of driving back in the dark. The next morning they drove to the hospital to meet the injured climber.

Harborview staff identified multiple injuries. Harborview found a broken neck vertebra known as a Hangman's Fracture (C-2) that required a neck collar or halo for 6 weeks to heal. The compound dislocation of the right thumb required surgery to reset. The hospital also found a broken index finger that required casting. Stitches were required on the forehead. The left cheekbone was broken but not deformed and able to heal in place. Surgery was required to repair a small missing piece of the right eyelid. The left ankle was broken. The left pinky was broken requiring a pin.

After the incident, one team member advised climbers to review accident reports. One climber mentioned that the 2005 Sharkfin accident weighed in on how he responded to this event, and he kept scanning for secondary anchor locations.

## **September 8, 2013 - Guye Peak/Improbable Traverse (Intermediate rock climb outing)**

Category: Major

Incident Type: Fall/slip – rock

Injuries: Fractured back, sprained ankles (emergency medical attention, SAR)

### Summary:

A scheduled climb Black Peak in the North Cascades, was changed to Guye Peak after North Cascades highway closure. There had been significant rainfall the past couple days and the forecast was for clear and sunny weather Sunday.

After ascending the talus field, below the West Face we scrambled the lower sections and belayed a portion of a ramp angling to the left, bypassing the first pitch. The first rope team was beginning leading on the Improbable Traverse. The lead climber set three pieces of protection. At this point, the lead climber took a leader fall, falling approximately 20 to 30 feet. The belayer immediately caught the fall. The third and last piece of protection placed by the lead climber held, but an upwards force was exerted on the second piece of protection and it pulled out which allowed the rope to extend between the first and third piece of protection. This may have extended the fall distance.

The climber was hanging from his protection 30 – 40 feet to the right and slightly below the belay ledge stated his back hurt and had hurt his ankle. The second rope team secured the climber's rope with protection and prusiks. The climber then was pulled/climbed to the upper ledge for further assessment of injuries. 911 was called and information relayed about the accident location and the injury.

Search and Rescue (SAR) via FRS radios directed to leave an attendant with the climber, and the rest of the team to begin our descent down the mountain. The First Aid person cared for the injured climber. A helicopter rescue was performed for the injured climber and SAR returned to the first aid person bringing him back to the parking area at 2:30 am. He was diagnosed with a fractured back and sprained ankles.

The fall occurred around 11:25 am on Sunday, and the group called 911 at 11:50 am. The helicopter arrived at 6:30 pm. The final party member returned at 2:30 am on Monday morning.

### **September 14, 2013 - Curtis Glacier (Ice climbing field trip)**

Category: Major

Incident Type: Fall/slip – ice

Injuries: Cut on leg requiring stitches (emergency medical attention)

Summary: During an ice climbing field trip, the climbers were on a small ledge part way up a 2-pitch route that students would use to swing leads. There was room to move around, but at times climbers had to step around people. While the students were setting up a rap anchor to rappel down to the base of the climb to start, the field trip noticed his left crampon had come off its front bindings. After adjusting his crampon, he stood up and went to inspect the ice anchor when his right crampon caught the back of his left pant leg and scraped the inside of his calf to shin with the front points of his crampon. He put a compress on it and wrapped it to control the bleeding. He found a place he could sit with leg elevated to watch the students complete their required lead climbs. When the students finished, the students assisted the instructor by carrying some of his load. While hiking back to camp, the wound began to bleed again. The students divided up most of his gear and began to hike out. After a creek crossing, the field trip leader asked two students to return to the trailhead to drop their gear then return to the group to assist if needed. They did, took the rest of the field trip leader's pack, and returned to the trailhead. They drove to the emergency room where the leader received stitches to close the room.

## **Significant Incidents (Non-emergency medical attention; Search and Rescue or 911 call but no search performed)**

### **February 2, 2013 - Paradise Area (Snowshoe outing)**

Category: Significant

Incident Type: Logistics – automobile accident

Injuries: Soreness and stiffness (medical attention)

Summary: Driving home from the trip, the leader's car was rear-ended at a stop light. The other driver said he was sleepy, primarily damaging his own vehicle. The leader and two passengers visited doctors to check for whiplash injuries. Symptoms cleared within a month for two passengers, and the third passenger worked with a physical therapist.

### **February 9, 2013 – Heybrook Ridge (Navigation field trip)**

Category: Significant

Incident Type: Fall/slip – snow

Injuries: Knee sprain (medical attention)

Summary: On the final problem an instructor sprained their knee while post-holing. A visit to the doctor on Monday indicated a sprain and no need for surgery. We off-loaded the instructor, applied an ace-bandage wrap to the knee, and he descended the trail carefully and returned safely to the parking area.

### **February 17, 2013 - Copper Creek Hut (Nordic ski outing)**

Category: Significant

Incident Type: Fall/slip – snow while snowplowing

Injuries: Hurt foot (medical attention)

Summary: A skier fell while trying to snowplow in cross-country skis on a downhill portion of a trail 30 mins and 0.75 miles from the trailhead. She mentioned discomfort in her right foot but thought activity would help. After 2.5 hrs and 3.5 miles from the car, the skier indicated persistent pain in her foot to the leader. The group took a break to rest, intending to turn around. The skier indicated the rest helped. After skiing a short downhill stretch to the lunch spot, the pain increased in her foot. When a ski patrol came by, the skier requested snowmobile transport to the trailhead. The remaining skiers returned to the trailhead an hour later. The skier's foot still hurt and she was icing the injury with snow. She received x-rays, which did not indicate a fracture on the bruised and swollen foot.

### **April 20, 2013 - Mount Rainier NP (Alpine scrambles field trip)**

Category: Significant

Incident Type: Fall/slip – snow during ice axe arrest

Injuries: Injured left shoulder (medical attention)

Summary: A student practicing ice axe arrest on his back dug in his axe with his left hand, injuring his left shoulder in wet powder during a roll. Two leaders assessed the injury. The student also suffered bruising. The student reported having an MRI and going to physical therapy with a possibility of surgery.

## **April 21, 2013 – Ozette Triangle (Hiking outing)**

Category: Significant

Incident Type: Fall/slip – nontechnical terrain

Injuries: Sprained wrist (medical attention)

Summary: One participant fell on the slick boardwalk about 2/3 of the way to Cape Alava, landing on his thigh. Later during the hike, his wrist began to ache. He may have a sprain or fracture to wrist, but he had no sharp pain or serious discomfort and only minor swelling. The participant was able to continue and finish the hike. The hiker went to the doctor and had an x-ray which showed no fracture, so the current diagnosis is a sprained wrist.

## **April 27, 2013 – Paradise, Mt Rainier NP (Basic climbing field trip)**

Category: Significant

Incident Type: Hit/cut – snow – snow cave collapsed

Injuries: Strained and/or torn cartilage between ribs and sternum (medical attention)

Summary: During the snow overnight field trip, students built snow caves. One team built a cave that was 10 ft by 7 ft in about 1.5 hrs, noting wet and heavy snow conditions. Two students were inside the cave and building the dome shape in the roof when the roof collapsed, burying them. They could not move, and the heavy snow made it difficult to breathe. One student had positioned an arm in front of his face to create a pocket. Another student alerted the instructors. The remaining two students began digging, and the instructors also responded with shovels and began digging out the buried students. They could hear the buried students. Within 1-2 minutes according to the diggers but longer according to those buried, the heads and faces of the two buried students were exposed and able to tell the diggers the locations of their appendages. The first student was completely dug out and uninjured within 3-4 minutes, and the final student within 4-5 mins. The instructors asked about pain, but they didn't feel any pain at that point. The buried students assisted in excavating the site to find belongings. The students spent the night in tents. The next day, the first student dug out was able to complete the skills but felt pain in his shoulder. He felt sharp pain on the right side of his chest early in the day but chose to participate in belays and ice axe arrest. The group noted highly variable snow conditions, and the overnight temperatures were near or above freezing. A doctor's visit indicated the student strained and/or tore costal cartilage between his third and fourth ribs and sternum on the right side requiring about 3 weeks to a month to fully heal; no broken ribs.

*(Separate minor incidents: One person hyper-extended their knee. One person strained their neck while being belayed.)*

## **May 4, 2013 – Vantage (Aid climb outing)**

Category: Significant

Incident Type: Fall/slip – rock

Injuries: Sprained wrist and bruised ribs, wrist, and shoulder (medical attention)

Summary: While standing on a FiFi suspension hook at the start of an aid climb, the climber was searching for placements for the next piece when the FiFi pulled. The climber fell on his back on the starting ledge, about 3 feet from the ground proper, and flipped over the ledge. He hit a large boulder then struck the ground, leading with his shoulder and ribs. A doctor's visit indicated bruising but no breaks.

## **June 4, 2013 - Denali (Mt McKinley)/West Buttress (Intermediate mountaineering outing)**

Category: Significant

Incident Type: Personal illness, preparation, conditioning – Lungs

Injuries: Bronchial Inflammation (medical attention)

Summary: Above 11,000 ft, a party member did not feel that he was acclimatizing properly and that he couldn't breathe properly. He talked to the doctors at 14 Camp and sought medical attention after the climb. The group agreed that it was not altitude illness (since he had no headache, nausea, edema, etc.) but some other respiratory issue. The climber left the mountain early by joining another party for the descent. Upon return to Seattle, he consulted a doctor at UW who is a pulmonary & high-altitude expert. The climber was still exhibiting some symptoms and the doctor diagnosed a bronchial inflammation from exercise in cold weather.

## **June 5, 2013 - Ingalls Peak/East Ridge (Intermediate rock climb outing)**

Category: Significant

Incident Type: Logistics – overdue party

Injuries: None (Search and rescue called)

Summary: The team got a late start after locking keys in a car. After discussing a turnaround time of 5:30 pm, the team opted to push to the summit with 2-3 pitches remaining. One team reached the summit at dusk and bivied on the summit. The other team did not continue and downclimbed to the right. The team's emergency contact, who is a member of Search and Rescue, called 911 to report the team overdue. He spoke with the sheriff's office, who said they would wait until 7 a.m. before calling out the SAR team because it was common to have people overdue with so much snow. The emergency contact went to the trailhead but met the climbing team returning to the cars before initiating a search.

## **June 8, 2013 – Squamish, BC (Crag climb field trip)**

Category: Significant

Incident Type: Fall/slip – rock

Injuries: Hit head and cut finger (medical attention)

Summary: A student was leading an upper pitch of Diedre, belayed by an instructor. A third climber accompanied them. As she was leaving the anchor, her foot slipped as she was placing a nut. She was holding the carabiner with her hand and scraped her right ring finger along the rock cutting off a flap of skin. She is sensitive to seeing blood. On another pitch, she was attempting to sling a small tree when her foot slipped out from under her. She fell, still holding the tree, and hit the right side of her head on the rock. The blow pressed the adjustable knob on the side of her helmet into her head, where she noticed a lump after the climb. She had x-rays but no skull fracture was found.

## **June 9, 2013 – Mount Adams, Adams Glacier (Intermediate ice climb outing)**

Category: Significant

Incident Type: Search and rescue called; Personal illness, preparation, conditioning – ankle injury;

Logistics – party split

Injuries: Injured tendon in the right foot (medical attention, search and rescue called)

Summary: One leader and three intermediate students set out to climb the Adams Glacier. At base camp, the leader said he didn't feel well but that the other three should continue while he remained in camp. At some point the leader decided there was a problem, hiked out, hitch-hiked to Randall and called Skamania County to launch search and rescue. His wife came to Randall, picked him up and drove him back to Seattle. The climb leader called the Mountaineers emergency phone number at 2:07 am the next morning.

The remaining team summited via the Adams Glacier route, but required more time than anticipated. The group started lower than they anticipated and reached the start of the ice climb at 5:30 am. The easy way had melted out or was obstructed. Anchor building and protection took more time than expected. They ascended 4-5 short pitches of ice, including two over crevasses or soft ice bridges. They arrived on the open glacier above the ice pitches at 1 pm and continued placing pickets. The team arrived at the summit to 5 pm. The team descended to camp by the north ridgeline, arriving at 8 pm to find the leader had left. They had tried to send text messages to the climb leader and their families but the text did not go through. At base camp the text went through and they received a text that search and rescue had been called. They broke camp and hiked to the car following their GPS log by 11 pm. They met the SAR team at the trailhead, and no search was performed. At some point on the climb the intermediate student who took charge of the group ruptured the main tendon on his right foot and reported shredding ligaments. He was on crutches for a few weeks but no surgery was needed.

### **July 20, 2013 – Coldwater Loop/South Coldwater trail and Lakes trail (Hiking outing)**

Category: Significant

Incident Type: Logistics – party split

Injuries: None (search and rescue called but no search performed)

Summary: One hiker was far ahead of the rest of the group and either missed a turn or took a wrong turn, and ended up on a trail that ended at the Coldwater Creek Road almost to the Johnston Ridge Observatory. The rest of the group reached the correct trailhead and noted she was missing. The missing hiker was able to catch a ride back down to the correct trailhead. The leader called the Mountaineers emergency number, which notified the Sheriff's office. A Cowlitz deputy went to the trailhead. The entire party reunited.

### **August 20, 2013 – Magnuson Park, The Brig (Social folk dancing event)**

Category: Significant

Incident Type: Fall/slip – nontechnical terrain

Injuries: Fractured knee cap (medical attention)

Summary: A dancer came to a weekly Tuesday night Folk Dance, which is held in the Brig (building 406) in Magnuson Park. As she was walking to a car in the dark and unlighted parking lot in front of the Brig (building 406) she stepped off an unseen 6" high curb and fell to the pavement in the parking lot, landing on both hands and both knees. The fall hurt her right knee, which was very painful at the time, and she tore the fabric of her slacks. The leader witnessed her fall and helped her up from the pavement. She said her knee would probably feel better later and she drove back to her hotel in downtown Seattle. When the leader called the dancer to ask how she was feeling, she said she was feeling okay, but the fall in the dark parking lot had fractured her knee cap so she won't be dancing for a few months.

## **August 22, 2013 - Norse Peak (Midweek hikes outing)**

Category: Significant

Incident Type: Personal illness, preparation, conditioning – back

Injuries: Back Spasms

Summary: One hiker experienced back pain/spasms. This was not the result of a fall or accident. Other hikers carried her pack down. I contacted her the day after the hike: She had obtained medical advice - and was feeling better.

## **October 19, 2013 – Colchuck Peak/NE Couloir – winter (Intermediate ice climb outing)**

Category: Significant

Incident Type: Logistics – overdue party

Injuries: None (911 called)

Summary: Four climbers took longer than expected due to increased safety precautions on the route. While the sections could have been simul-climbed or solo-climbed, the team decided to establish fixed belays to accommodate the comfort levels of the group. The leader's emergency contact called the Chelan County Sheriff's department when the team was overdue at 3 a.m., which the team considered a conservative choice. The Sheriff's office team met the climbing team at the parking lot. No search was performed.

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## **January 8, 2013 - Tiger Mtn: Cable Line (Hiking outing)**

Branch: Seattle

Category: Minor

Incident type: Hit/cut – tree

Summary: On the descent, in the dark, a tree branch cut my head above my forehead, and it was bleeding for only about 3-5 minutes. I was wiping blood off my forehead with my bandana, and someone helped me wash my hands off. It was quite a lot of blood for such a tiny little cut.

## **January 9, 2013 - Stampede Pass (Nordic ski outing)**

Branch: Seattle

Category: Minor

Incident type: Informational – automobile

Summary: Parking problems due to extremely poor condition of Crystal Springs SnoPark parking lot. Road had not been recently plowed and a lot of ruts in the snow made access nearly impossible.

## **January 12, 2013 - Meany Lodge (Properties)**

Branch: Properties, Meany Lodge

Category: Minor

Incident type: Fall/slip – snow

Summary: A lodge guest was sledding on a groomed ski hill using a saucer when he lost control, crashed, and hurt his neck. No further information was available.

## **January 25, 2013 - Baker Lodge (Properties)**

Branch: Properties, Baker Lodge

Category: Minor

Incident type: Fall/slip – snow

Summary: Nine kids were sliding using inner tubes in a train. When they went over a bump, one boy lost his tube, the others piled on top of him, and he injured his wrist. An adult, who is a medical doctor, checked the injury and splinted the wrist. No other medical follow up.

## **January 26, 2013 - Union Peak & Jove Peak – winter (Alpine scrambles outing)**

Branch: Seattle

Category: Minor

Incident type: Fall/slip – nontechnical terrain

Injuries: Sprained ankle

Summary: One participant twisted her ankle on the descent. Pain level 5 on a scale of 1 to 10 - probably a minor sprain. She walked out on her own.

## **February 17, 2013 – Camp Long (Alpine Scrambles field trip)**

Branch: Seattle

Category: Minor

Incident type: Logistics – party split

Injuries: None

Summary: Two students ignored repeated instruction, direction, and reminders from the day lead, their own instructors, and the launch captain to stay with their partner for safety reasons. The students emerged from the woods, in hazardous conditions, 15 to 20 minutes and 5 degrees apart. One student offered, in his written report on the incident, that "no one ever told him to split the difference with his

partner.” The day lead and launch captain assert that both were repeatedly reminded to stay with their partner.

### **February 23, 2013 - Mt. Rainier Paradise Area (Nordic ski outing)**

Branch: Olympia

Category: Minor

Incident type: Personal illness, preparation, conditioning

Summary: A participant had problems the entire trip. He began complaining of flu like symptoms about 1/2 way to our objective. As we progressed so did his symptoms. I decided to split the group. Since we were in MTTA area that was patrolled, I proceeded down with the participant and sent the remaining 5 on to the ski hut. About 2/3 way down he ran out of energy and I was able to summon a snowmobile to evacuate him to the car. I then waited for my remaining group and skied out with them. Upon follow up with him, he appeared to be recovering. He feels that it was an overexertion issue. I suggested that he see a doctor due to the balance issues observed. Perhaps inner ear infection.

### **February 24, 2013 - Cabin Creek (Nordic ski outing)**

Branch: Seattle

Category: Minor

Incident type: Fall/slip – snow

Injuries: Facial bruise

Summary: Several of our party fell on descents on the Viking Course linked to the poor grooming described earlier that I have reported to the Lake Easton Ranger Station responsible for grooming of the Cabin Creek trails. One of the skiers bruised her face and fell on an already slightly injured left shoulder about 2 pm. I helped her up. She was able to continue to ski and drive home when we got back to the meeting point. No first aid was needed but I advised her to apply an icepack when she got home. I called her the same evening. She was comfortable and promised to update me. The member who was slightly hurt in falling made a good recovery and was out skiing with me the following Wednesday.

### **March 3, 2013 – Priest Point Park (Basic climbing field trip)**

Branch: Olympia

Category: Minor

Incident type: Personal illness, preparation, conditioning

Injuries – cold symptoms

Summary: A student with a bad cold left the field trip early. I did convince her to stick it out for the weight drop, which she would not be able to make up this year. Referred her to her mentor for making up the rest.

### **March 3, 2013 - Surprise Lake & Glacier Lake (Snowshoe outing)**

Branch: Seattle

Category: Minor

Incident type: Personal illness, preparation, conditioning

Injuries: Nausea & Chills

Summary: The participant seemed to feel fine at the trailhead and in fact stated that she hoped the trip would be up to her standards and not too easy. (The trip was listed as a strenuous 11 mile round trip with a note emphasizing that participants would need to be in good condition.) There were 10 participants. The weather was cool with scattered snow showers and about 10” of fresh snow. As the

group approached the 2.5 mile marker the participant began feeling nauseous and chilled. A poll was taken and all participants agreed to return to the car.

### **March 9, 2013 - Mt Si Area (Basic climbing field trip)**

Branch: Seattle

Category: Minor

Incident Type: Near Miss – Equipment – Munter knot escaped locking carabiner during rappel

Injuries: None

Summary: A student experienced complete failure of a munter hitch rappel while descending with an autoblock. Two instructors and the student viewed the setup and all believe that it was correct. The first part of the rappel was normal. When the terrain became less vertical the student found himself "struggling" with the autoblock. "Suddenly" he found himself completely out of the munter hitch. For the remainder of his descent he was attached to the rope only with his autoblock. He was uninjured but one of his gloves was ruined. It is possible to reconstruct the incident assuming that the locking carabiner becomes unloaded multiple times on the low-angle terrain, allowing the carabiner to rotate and become cross-loaded. The rope is able to unlock a 90 deg rotated screw-lock carabiner during this part of the descent. Repeated stops and starts of the rappel can allow the rope to open, and hold open, the gate of the locking carabiner. The munter hitch can slide down and off the gate of the carabiner with a quick tug of the rope.

### **March 17, 2013 - Hansville Greenway (Hiking outing)**

Branch: Kitsap

Category: Minor

Incident type: Personal illness, conditioning

Injuries: allergic reaction

Summary: A hiker in the party had developed a spontaneous allergy halfway into the hike but did not have medication which he normally carried with him. At the onset, he mentioned to me that this has happened before. I asked him if he felt he could finish the hike and he agreed. I also asked what kinds of medication he has taken (benadryl) and if it was ok to ask the others in the group if anyone had benadryl. Another hiker had benadryl in her first aid kit which she offered and then he administered it. I then observed and talked with him as we continued to hike to ensure symptoms subsided quickly. Facial/throat swelling was gone in less than a half hour. The group went to dinner following the hike and I followed up on another check to be sure, he was clear. Lessons learned - even when we think we have a well stocked first aid kit, this served as a reminder that carrying antihistimine is good even if you personally don't have allergies. Better yet, liquid benadryl is fast acting.

### **March 17, 2013 - Wenatchee Ridge – Lake Wenatchee (Snowshoe outing)**

Branch: Seattle

Category: Minor

Incident type: Logistics – Automobile

Injuries: None

Summary: On returning to the cars we found that one of them had a flat tire. The lug nuts on the wheel were torqued so tightly that I bent the lug wrench in attempting to remove the wheel. I re-inflated the flat with a combination air pump and jump starter that I carry in my car for just such emergencies. Little pressure was lost between the trailhead and Cole's Corner, so after talking it over the driver elected to press on. She and her two passengers arrived home safely after adding air at several points along the way.

## **March 30, 2013 – Mount Baker Lodge (Properties)**

Branch: Properties, Baker Lodge

Category: Minor

Incident type: Hit/cut – other object – rope

Injuries: Burns on neck

Summary: A lodge guest ran into a rope off the lodge property but sought help at the ledge. He suffered rope burns on his neck, which were treated by a nurse.

## **April 13, 2013 - Baker Lake Backpack (Hiking outing)**

Branch: Foothills

Category: Minor

Incident Type: Fall/slip – nontechnical terrain

Injuries: Knee cut

Summary: A participant slipped and hit her knee on rock, which removed 1 cm<sup>2</sup> skin. We stopped and she got out first aid kit, applied antibiotic cream and was okay.

## **April 27, 2013 - Cowboy Mtn 5853 (Alpine scramble field trip)**

Branch: Seattle

Category: Minor

Incident Type: Fall/slip – snow

Injuries: None

Summary: There was one long slip on the firm snow surface by one of the Snow FT makeup students. No injury, but the student was shaken up. I (the leader) happened not to be looking when the student first slipped, and she was too shaken up to report an exact cause.

We happened to be standing in a steep area (double-black diamond ski run) on terrain that had been skied on as recently as the week before, so there was a firm unbreakable crust on a steep slope covered by a few inches of recent snow accumulation. As the person involved was a make-up student, she did not have extensive snow travel experience.

The hard layer under the powder layer again gave her trouble as she slid: she fell feet down and did make an attempt to dig in her ice ax pick, but without being able to kick her toe-boxes through the hard crust layer, she basically slid to a stop rather than performing a true arrest. Fortunately, she had been standing above an open gully, so there were no trees or other obstructions in her path (one benefit of using a ski area for this "Students Only" instructional scramble/make-up Field Trip).

I glissaded down to her, allowed her a couple moments to collect herself, and then was able to persuade her to follow me laterally into deeper snow where she could feel more secure in her stance. She exhibited a tendency to lean in to the slope inappropriately, which of course led to imbalance and a danger of a renewed slide (feet going out from under). I was able to use this as a teaching moment. Another participant was then asked to come down to us: between us, we were able to kick steps above her for her to use and to give her a feeling of security that there was another participant immediately below her. Her attitude continued to improve: we were only a few hundred feet below the summit, which she attained.

After a tentative start, she was then able to glissade successfully down the double-diamond terrain until we reached the "blue" area in the area of the Hogsback chair and walk off. The student was uninjured, was willing to continue with appropriate encouragement and support, and successfully completed the field trip.

### **April 27, 2013 - Guye Peak 5168 (Alpine scrambles outing)**

Branch: Seattle

Category: Minor

Incident Type: Fall/slip – snow

Injuries: None

Summary: On the way down, on a steep, wooded slope, a scramble student lost her footing in the steep hard snow. She failed to get quickly into the self-arrest position practiced just a few hours before and began sliding down the hill, first on her back then on her side. Her path took her right in front of the trip lead who was braced and able to grab the fabric on her pack and stop her fall as she slid past. Although not potentially fatal, there were several trees in her immediate path that may have caused injury. The student admitted to being shaken up but was not otherwise injured.

### **April 27, 2013 – Paradise, Mount Rainier NP (Basic climbing field trip)**

Branch: Olympia

Category: Minor

Incident Type: Fall/slip – snow

Injuries: Strained neck

Summary: Two students were practicing Sitting Hip Belay down the east face of ridge near our camp with an instructor observing, two other students were practicing Boot Axe Belay down the ridge to the south with one student belaying, her partner did a "simulated fall" about 15' down the ridge in an area with a slight drop of about 2', due to a wet rope and boots there seemed to be considerable friction and the stop was fairly sudden. Although I was not watching the faller at the time (watching belayer) I looked up when she said she had hit her head. At that time the rope was still tight and supporting her with only her lower body on the snow she was supporting her head with her hands. I quickly moved to the student's side and helped her support her head and neck. She said she had heard a loud crack and a pain down her right arm at the time of the fall. She was alert and responsive but very frightened. Others in our group came to my assistance and we carefully turned her while supporting her head as the rope was released so she was positioned with her head uphill, we then placed a backpack and pads under her upper body to help support her head and back, she was now in a semi reclining position. I requested someone go and get the field trip MOFA lead. We put additional padding under the student's lower body to insulate her from the snow, and tried to keep her warm and calm. The MOFA leader arrived and took over the scene, after a brief exam he fashioned a neck brace from a SAM splint and applied it while others supported her head. She received three tabs of Ibuprofen 200mg, shortly after she was able stand and return to camp with the assistance of the MOFA leader and another participant, about 20-25 minutes elapsed from her initial "fall". *(A separate Significant event occurred as well.)*

## **April 30, 2013 - Cougar Mtn: Wilderness Creek Trail to Longview Peak (Hiking outing)**

Branch: Seattle

Category: Minor

Incident Type: Fall/slip – nontechnical terrain

Injuries: Twisted Ankle

Summary: A hiker slipped on a muddy rock on flat ground near the summit and mildly twisted her ankle. She borrowed a trekking pole and descended with no problem and without a noticeable limp.

## **May 4, 2013 - Long Mtn/NW Ridge (Basic alpine climb outing)**

Branch: Everett

Category: Minor

Incident type: Informational – route conditions

Injuries: none

Summary: We went up the wrong gully to get to Long mtn because we deemed this one safer. It was in the shade until about 5 PM, and we had printed trip reports of this gully. With the warm weather I did not want to bring the group on the sun exposed face of Long mtn. The snow was firm and in perfect condition on the way up. We knew we could easily down climb. On the decent we realized that some snow at the top was getting sun. There were a two small snow slides that came down on the decent. We discussed our options 1. Down climb roped up, two rappel, three stay in position until it got dark. Any loose snow gravitated to the left side of the gully, and the snow in the gully was very firm/frozen, or concern was snow from above that was being channeled into a two foot area. Even though we were able to stay far away from where we had seen moving snow we decided to rap the right side of the gully. Our concern was that any sliding snow could cause someone to slip down the face. By rappelling we mitigated that risk by keeping people away from moving snow, and having them anchored to the rope or large trees at all times. We had multiple conversations along the way and no one felt they were in danger. Having to deal with the possibility of an avalanche was not something I was expecting on this trip. We feel that faced with a difficult unexpected situation we took all precautions. No one was injured on this trip.

## **May 4, 2013 - Stevens Pass (Basic snow field trip)**

Branch: Seattle

Category: Minor

Incident Type: Fall/slip – snow

Injuries: laceration below right eye, cut by ice axe during tumble falling failed ice axe arrest

Summary: A student sustained a minor cut to the right side of her nose just below her eye (1/8"x1/8" cut). This appears to be from her adze or pick (adze was taped). She was unable to arrest successfully on a head down position and tumbled several times. It is unknown by her or anyone who witnessed it exactly when she cut herself in this tumble. She was attended to and continued with the fieldtrip successfully after the bleeding stopped and laceration was bandaged.

## **May 4, 2013 - Tieton Royal Columns (Crag climb field trip)**

Branch: Seattle

Category: Minor

Incident Type: Fall/slip – rock

Injuries: Bruising

Summary: At the Crag class at Tieton a student was climbing with the class at the Royal Columns performing only one mock lead in the morning and then attempting to lead, her first trad lead, one of the routes. About half way up she came to the crux which was a flaring crack difficult to protect. She ended up pulling on the last piece of protection and fell approximately 10 feet landing on her back thigh. She was lowered and asked to climb the route to see if she could have actually led it. She was able to walk off the crag but did not climb the rest of the day.

### **May 5, 2013 - Devils Gulch - Mission Ridge Loop (Hiking outing)**

Branch: Seattle

Category: Minor

Incident Type: Personal illness, preparation, conditioning – heat

Injuries: Probable Heat Exhaustion

Summary: A hiker became too hot even though she had been drinking and eating on the trip. She collapsed from the heat at one point. The first aid leader kept her in the shade while we sent gator-aid and peanuts back up to her. She came off the trail ok and perked up after having a cup of chili at the 59er Diner. She checked in with me (the leader) later and said she was feeling fine.

### **May 10, 2013 - Anvil Rock/Camp Muir 10000' (Alpine scrambles outing)**

Branch: Everett

Category: Minor

Incident Type: Personal illness, preparation, conditioning

Injuries: Fatigue, weakness

Summary: About 1,000 feet from the summit, a climber stated he had a slight headache and nausea from drinking too much water. He did not sleep well the night before. The team slowed its pace and summited, then rested, ate, and felt better. The climber was hauling a 52-lb pack and had done so six days earlier with the same symptoms at the same elevation. Back at the trailhead, climber admitted to having three episodes of diarrhea after midnight. The leader suspected fatigue, dehydration, and possible AMS. The climber did not respond to medical issue inquiries during pre-hike briefing. In addition, two different climbers had sunburn on front of neck despite frequent application of sunscreen. (It was sunny and hot!)

### **May 11, 2013 - Whitman Crest 9323 via Muir Snowfield (Basic glacier climb outing)**

Branch: Tacoma

Category: Minor

Incident Type: Personal illness, preparation, conditioning

Injuries: Fatigue, weakness

Summary: A second-year basic student was out of shape. He assured the leader by email that he was prepared and said he'd gone up Mt. Si a couple of times this year. He lagged getting to the base of Pan Point, said "this was harder than I thought" while struggling up Pan Point. We took 15 lbs out of his pack and distributed to the other party members and then turned around at 8,400' since we could not commit to the glacier travel needed with the slow climber. Somehow need to get the word out to people that not being in shape compromises the safety of the team.

## **May 11, 2013 - Guye Peak/S Gully-S Spur (Basic alpine climb outing)**

Branch: Tacoma

Category: Minor

Incident type: Fall/slip – snow

Summary: A student slipped on the snow leaving Cave Ridge. When she arrested, her adze was in the snow instead of the pick. Consequently she did not stop until she slid into a tree. She was not going very fast, but she did bruise her rear. She continued to down climb the slope with no further issues. However she moved slow so that she could be careful. Crampons would have been helpful for her.

## **May 11, 2013 - Mt Si (Hiking outing)**

Branch: Seattle

Category: Minor

Incident Type: Fall/slip – nontechnical terrain (trail)

Injuries: None

Summary: During ascent, one mile from summit, one hiker tripped but did not fall. On the descent, about two miles from TH, two hikers tripped but did not fall.

## **May 25, 2013 - Round 5400 (Alpine scrambles outing)**

Branch: Seattle

Category: Minor

Incident Type: Fall/slip – snow

Injuries: none

Summary: On our descent, one student slipped (feet first) in an icy area in the trees, but was able to arrest almost immediately. He was pretty tired, but didn't have any similar problems afterwards. This was his first scramble, and snow travel is not very intuitive for him yet. Fatigue was certainly a contributing factor.

## **June 1, 2013 - Devils Peak/S Ridge (Basic rock climb outing)**

Branch: Tacoma

Category: Minor

Incident Type: Fall/slip – snow

Injuries: None

Summary: A student slipped high on the snow when we first began descending from the actual climb and slid out of control a couple hundred feet before coming to a stop. It starts at 40-45 degrees then tapers to a flatter area. Runout was okay with current snow conditions but would have been hazardous otherwise. She was the first to begin descending as others were putting gear away and donning packs. She was face down and was using an ice-axe trekking pole combination. The trekking pole strap was wrapped around her wrist. While I did not see her initial slip it quickly became apparent she was out of control and unable to arrest using her ice axe. I had several observations: (1) She really did not understand how to best use the axe to regain control--weight over the head, using shaft/spike for leverage. (2) She was very slow to react (I was told by two student participants from this trip that during ice axe arrest training we are telling students to gain speed first and waiting for an instructor to yell "arrest.") (3) She could not release the trekking pole so it likely interfered with her ability to use the axe properly (I think she first began using this technique on the way up this climb. In hindsight I should have spent time talking about how/when to properly use this technique.) (4) She is petite. Her pack seemed to control her (she confirmed this in the conversation afterwards). (5) She should have used her feet in conjunction with the axe and weight transfer/control to stop. (I didn't ask her but wondered if there was

some confusion about keeping your feet up when you have crampons on.) We talked about what happened immediately following the event. She understands the importance of being aggressive to regain control. She had driven up to Paradise the previous week to practice her arrest skills. When she got there the weather was pretty miserable so she decided to hike instead.

### **June 2, 2013 - Lichtenberg Mountain (Alpine scrambles outing)**

Branch: Seattle

Category: Minor

Incident Type: Logistics - Automobile

Injuries: None

Summary: One car got badly high-centered on hard snow, almost ice in places. After trying to dig it out with ice axes, two of us drove to Leavenworth where we were able to borrow four shovels to dig it out. There was no place on the rear of the car to attach a rope to have the other car pull it off.

### **June 4, 2013 - Denali (Mt McKinley)/West Buttress (Intermediate mountaineering outing)**

Branch: Seattle

Category: Minor

Incident type: Fall/slip – snow; Personal illness

Injuries: Sprained ankle; Gastrointestinal

Summary: As the team descended from the summit in poor weather, two climbers fell several times on the "Autobahn" below Denali Pass. They were simul-climbing, clipping the rope through fixed pickets, with one climber leading and route-finding. There was a strong snowstorm, with very poor visibility and new snow producing poor footing. In particular, at one point the second climber fell well over 100 feet but fortunately a fixed picket held the fall. He suffered a very mild ankle sprain that did not hinder our descent. The team traversed the lower Kahiltna in mid-afternoon, which had significant crevasse danger. In a separate incident, shortly after we left high camp for the summit, our 4<sup>th</sup> party member experienced extreme dizziness & nausea. They returned to high camp where they experienced abdominal distress. The symptoms seemed to have dissipated by the time the other two climbers returned to high camp from the summit. The 4<sup>th</sup> party member did not seek medical attention.

### **June 5, 2013 - Eldorado Peak/Inspiration Glacier (Basic glacier outing)**

Branch: Everett

Category: Minor

Incident Type: Fall/slip – snow

Summary: While plunge stepping down the Eldorado Glacier, an individual strained or twisted a knee, yelled, and fell on snow. Within a few minutes, the climber was able to slowly continue. Later in the lower boulder field, the climber received a minor ankle and shin injury but determined it was acceptable to continue down. I asked two others to stay with us in case we needed to unload weight. The group descended slowly but got down.

### **June 8, 2013 – Kitsap Forest Theater (Properties)**

Branch: Properties, Kitsap Forest Theater

Category: Minor

Incident Type: Fall/slip – nontechnical terrain

Injuries: Cut on head

Summary: A play guest tripped on the stairs and hit her head on the step and cut her forehead. She was wearing socks but no shoes. She was bandaged and advised to seek medical attention to consider stitches. No further information is available.

### **June 8, 2013 – Squamish, BC (Crag climb field trip)**

Branch: Everett

Category: Minor

Incident Type: Fall/slip – rock

Summary: A student began leading an upper pitch of Banana Peel, belayed by an instructor, following a flake and gully that ended in a small ledge. The student placed a piece of protection and considered two route options, traversing right or heading straight up a blank slab which looked worn toward a set of trees at the next belay. Remembering instructors discussing a huge runout slab, which is where the instructor thought they were, the student headed for the trees. Neither had a guidebook or route description. The student found lichen and pine needles and believed he was off route but could not down climb. His right foot slipped backward on pine needles, then both feet and legs slipped and he began to slide downward. The belayer began pulling in as much slack as he could as the leader fell. The leader stopped about 10 ft below his last piece of protection. He checked himself then climbed again but traversed right, reaching the tree. *(A separate lead fall is listed under Significant incidents.)*

### **June 8, 2013 - Vesper Peak 6214 (Alpine scrambles outing)**

Branch: Seattle

Category: Minor

Incident Type: Fall/slip – snow

Injuries: None

Summary: A Scramble grad self-belayed down the couloir, facing in and using the stake position. In the upper half of the couloir (35-40 degree slope), she fell twice but her ice axe held easily. Then about two-thirds of the way down (30-35 degree slope) she fell a third time, but without the axe in far enough and took a 50-foot fall, which she arrested successfully. She said she was aware at the moment of the fall that the axe was not in far enough. She also said she was very tired, although she had no difficulty keeping up a reasonable pace on the hike out. No crampons were used or carried.

### **June 12, 2013 - Rattlesnake Grand Traverse (Hiking outing)**

Branch: Seattle

Category: Minor

Incident Type: Logistics – party split

Injuries: None

Summary: Three party members shot ahead soon after starting. They passed the trail intersection to the first ledge, and proceeded to the ledge. While there, unknowingly the rest of the party passed on by. I had neglected the usual prep talk about waiting at intersections. There ensued some confusion about who was where. Unsure of the others location I continued on through towards Snoqualmie Point. The three others returned to Rattlesnake Lake, got a ride to Snoqualmie Point and met us a half mile in from the trailhead.

## **June 14, 2013 - Le Petit Cheval/Spontaneity Arete (Intermediate rock climb outing)**

Branch: Seattle

Category: Minor

Incident Type: Near Miss - Party-caused rock fall

Injuries: None

Summary: After successfully summiting, our team rappelled from the summit block into the gully. I, the leader, rappelled first, then each of the three on the climb. After I finished rappelling, I walked roughly thirty feet downhill and to the side in order to get out of the fall line should any loose rock come down. The next climber finished rappelling and walked downhill toward me where she said she thought we should keep going a bit further.

At that moment, the third climber was rappelling and knocked a boulder loose from the wall. The third and the fourth climber screamed, "Rock!" The boulder was roughly the size of a refrigerator and fell into the gully where it landed on a pile of other large rocks and split into two pieces. These pieces picked up momentum and triggered other rocks which swept down the gully toward us, ricocheting off other rocks. In the brief instant I had to react, I turned and located a large fallen tree, roughly five feet in diameter, lying in the gully. I took a step, jumped over the tree and turned uphill toward the falling rocks. The second climber was just behind me and I turned in time to see her dive over the log just as a boulder the size of an oven missed her by inches.

On the following Thursday, I met with the climber who triggered the rock fall. We discussed the incident and he was very receptive to the suggestions made regarding how to avoid similar situations in the future.

## **June 14, 2013 - The Tooth/S Face (Basic rock climb outing)**

Branch: Tacoma

Category: Minor

Incident type: Fall/slip – snow

Injuries: Twisted knee

Summary: A student post-holed up just above his knee (think it was his left) on level terrain, about 1/2 mile from the trailhead on our way back (7:30 pm). He was able to get up and out on his own. Said the fall hurt his knee, but wouldn't have any trouble hiking out. The knee wasn't treated on site. Back at the trailhead he said his knee felt stiff and sore; he wanted to get home and get ice on his knee.

## **June 15, 2013 - Cutthroat Peak/SE Buttress (Intermediate rock climb outing)**

Branch: Seattle

Category: Minor

Incident Type: Fall/slip – rock

Injuries: Foot

Summary: I (the leader) led an Intermediate climb of Cutthroat this weekend with two Intermediate mentor students and an Intermediate grad. On the 8th pitch, the intermediate grad got slightly off route. His foot popped off a hold and he took a short fall catching the big toe on his left foot. He was able to complete the pitch, set an anchor for his partner and follow over to the rap stations where I waited. The two Intermediate students stepped up and helped set and manage all the rappels. The injured felt better after four ibuprofen and was in much less pain once he was in boots at the base of the climb. We descended together and made it back to the cars before dark and home to Seattle safely. My

perspective on this is: Route finding on Cutthroat is challenging and leaders need to have good judgment looking at a route to assess its grade and protectability.

### **June 15, 2013 – Mount Baker below Austin Pass (Intense basic climbing field trip)**

Branch: Seattle

Category: Minor

Incident Type: Hit/cut – equipment – crampon

Injuries: None

Summary: A student caught a crampon point on his lower leg clothing while plunge-stepping unroped on a steep slope and fell. He immediately self-arrested successfully. He was not injured. The run-out was benign.

### **June 15, 2013 - Shi Shi Beach (Backpacking outing)**

Branch: Foothills

Category: Minor

Incident Type: Near miss – equipment

Summary: A participant's heels separated from his boots at the trailhead. They were then secured to his boots by duct tape provided by other members of our group. That permitted him to hike in and out. His boots were 15 years old and had not been used for that period of time. He promised to have serviceable boots for his next hike.

### **June 16, 2013 - DeRoux 6260 (Alpine scrambles outing)**

Branch: Seattle

Category: Minor

Incident Type: Logistics – route finding

Injuries: None

Summary: While returning to the pass below DeRoux, we dropped westward off the ridge to avoid some obstacles, then found ourselves following the wrong ridge. I (the leader) was not in front at that time, but should have been paying closer attention. One alert person questioned our route when we had descended about 200 feet the wrong way, and I could immediately see from the position of Hawkins Mountain that he was right. It was interesting to see how difficult it was for several experienced people in front to revise their mental picture of where they were; a good lesson for all of us.

### **June 16, 2013 - The Tooth/S Face (Basic rock climb outing)**

Branch: Seattle

Category: Minor

Incident Type: Hit/cut – rock

Injuries: Abrasions, scratches upper back

Summary: On rappel from top of pitch two, a rockfall occurred, striking a team member. The tree root shifted when fourth team member down weighted the rappel. Rock hit upper right back of first team member down, knocking wind out of her and abrading her back. Climb leader of record and last one down heard the scream and commotion, but did not directly observe the situation. The injured received a quick scan (no bleeding except slight oozing from scrapes, no broken bones), followed by checks to make sure there were no spinal or organ injuries. She was able to get up and continue her rappel after about twenty minutes of rest, followed by carrying standard pack down the trail. She expects to have serious bruising, but that appears to be the extent of the injury so far. No doctor was seen.

## **June 19, 2013 - Lake Washington, North Shore Magnuson Park (Sea kayak outing)**

Branch: Seattle

Category: Minor

Incident Type: Informational – Assist other party – kayak flip

Injuries: None

Summary: Before we were fully deployed, a non-participant launching nearby exited his single recreational rental kayak. He was getting some support from the youth in one of several doubles in his group and was nearly back in the cockpit as we arrived. I assisted in stabilizing his kayak while he completed reentry. Because his cockpit was quite flooded and the rear chamber was also somewhat flooded since the hatch was off, I advised towing him the short distance back to shore with another participant stabilizing his boat so that we could empty it thoroughly. After confirming his comfort (and the proper installation of his rear hatch) we left that group to proceed on their own.

## **June 22, 2013 - Bean 6743 (Alpine scrambles outing)**

Branch: Everett

Category: Minor

Incident Type: Personal illness, preparation, conditioning

Injuries: Flu symptoms

Summary: One of our trip members was not feeling well (Flu like symptoms) 2 1/2 miles in from the trail head. As a result it was decided that one of our more experienced trip members would escort him back to the car.

## **June 22, 2013 - Big Heart Lake (Hiking outing)**

Branch: Seattle

Category: Minor

Incident Type: Fall/slip – snow

Injuries: None

Summary: Two of us slid into brambles from the snow. We were both fine, but wanted to report it anyways.

## **June 22, 2013 - Fortune & South Ingalls 7382 & 7640 (Alpine scrambles outing)**

Branch: Seattle

Category: Minor

Incident Type: Logistics - Automobile

Injuries: None

Summary: I-90 east of Snoqualmie Pass had an unannounced closure for blasting at 7:00 am. One of the carpools was running late and was stopped by this closure and delayed for two hours. We were in touch by phone, and by agreement we travelled slowly and they caught up with us later at the summit.

## **June 22, 2013 - Foss Peak/Unicorn Creek (Alpine scrambles outing)**

Branch: Tacoma

Category: Minor

Incident Type: Fall/slip – nontechnical terrain

Injuries: cut let

Summary: One participant stumbled on a rock which created a small (maybe 1/4 inch) cut in her leg. It bled a little bit but some antibiotic and a band aid seemed to take care of it. A follow up email today indicates she is just fine.

### **June 22, 2013 - Lake 22, Mountain Loop Highway (Hiking outing)**

Branch: Seattle

Category: Minor

Incident Type: Fall/slip – nontechnical terrain

Injuries: Lacerated left arm

Summary: During the descent on the rocky scree switchback section of the trail, a participant's foot became stuck in the rocks preventing forward movement. The participant slowly fell to their left. The person remained seated after the fall for about 30 seconds then stood up and continued the descent. About a minute later the person noticed they had a cut on their left arm, about 2 inches from the elbow, as a result of the prior fall. The cut was irrigated and a Band-Aid® was placed on the cut and the person continued the hike to the trail head.

### **June 22, 2013 - Sahale Peak/S Slope (Basic alpine climb outing)**

Branch: Seattle

Category: Minor

Incident Type: Personal illness, preparation, conditioning – Leg, Knee

Injuries: 1) Hamstring pull, 2) Arthritis

Summary: One climber pulled one of her Hamstrings while crossing one of the many streams on the approach. It began to become progressively sorer as she continued up. As we crested onto the lower section of Sahale Arm she informed me of her condition and it was decided that she and the assistant leader would turn around and descend back to the cars before it got any worse. Another climber also was complaining of knee pain (Arthritis that she'd had a steroid shot for a week or two earlier - totally unrelated to the trip) and elected to descend with them. All made it back to the cars without any incident or issues. In talking to the first climber at the end of the trip, she said her leg was still sore but she did not feel it needed medical attention. As an avid runner she had this sort of injury before and was confident RICE would be all that was needed.

### **June 23, 2013 – Fortune 7382, Teanaway Area (Alpine scrambles outing)**

Branch: Seattle

Category: Minor

Incident Type: Fall/slip – snow

Injuries: Bruised shoulder

Summary: Descent off Fortune Peak into Headlamp Basin: light rain and fog with limited visibility, only occasional glimpses to the basin floor. Snow was consolidated but mostly good for kicking steps. We descended as a group, spread out to find fresh snow for steps or glissading, stopping to re-group before each snow “lip” which limited visibility. After 2-3 such portions, more and more rocks were showing through the snow.

A large rock island that split the snow appeared, leaving a narrow and steeper snow section on climbers left with poor run-out onto the rock island. Two scramble leaders began plunge stepping down with two students following when one slipped and arrested immediately and the other also began sliding and was unable to arrest. He hit a rock bounced a couple times and came to a stop when his ax jammed in the rocks and stopped his fall. The student was bruised, wrenched his shoulder some but said he was OK;

pressure testing of the points he reported hitting didn't reveal anything sensitive. The group self belayed off the steep section until snow slope was lessened and glissading was possible. Afterwards: Once in the basin we leaders rested and held a de-briefing on the incident. We felt we had made inadequate allowances for the inexperience of the students on snow that was reasonable for an experienced scrambler but clearly challenging for students. I checked with the student the day after the trip and he assures me that he is fine, and much less sore than expected.

## **June 24, 2013 - Second Beach, La Push (Midweek hiking outing)**

Branch: Seattle

Category: Minor

Incident Type: Informational – route conditions

Injuries: None

Summary: Our first night we were flooded out by high tide due to high winds making the tide higher than predicted. No one got wet inside their tents, though. The second night we camped in the woods, on higher ground and had no further problems with the tide. The second night the tide more fully engulfed the area where we camped the first night, so our decision to re-locate was the correct one.

## **June 27, 2013 - Loowit Trail Mt. St. Helens National Volcanic Monument (Backpacking outing)**

Branch: Foothills

Category: Minor

Incident Type: Logistics – party split

Injuries: None

Summary: After we crossed the South Fork Toutle River, the trail seemed to veer downstream and we thought we spotted a cairn in that direction. This kept us from seeing that the route up the other side was UPstream of us. I and two other persons went a ways downstream to scout out possible routes up, and in retrospect we should have done so without our packs on - at that point we felt we would quickly find a route up. A ways along, I paused and managed to stop one of them, but the other kept going; the river noise precluded calling for a halt. I asked the stopped person to wait and hand signal if a good route was found, else come back.

I went back to the main group to ensure that they stayed together, expecting (hoping) the stray scout would return. Just after I got back, another individual took it upon themselves to go check on the situation. Talked with the one I had left in place, and then they BOTH moved further away. I felt the best option at that point was to wait, in hopes that our wayward folks would come back to us. Finally the last to leave did return, reported that the others had found a way up. In the interim, a couple from the main body - with much more clear instructions and no packs on - scouted upstream and quickly found the route up. The individual that had reported from our scouts volunteered to go bring them back. I sent the four others with me up the actual route with instructions to make it easy to find them, and to scout without packs in that vicinity for a campsite (which they did, and all worked out fine there).

Next, our self-appointed runner returned saying that the other two had declined to return in the way requested, but instead were going overland on top to meet up with us. I had passed the message along that I didn't want them to do that, because given the challenges of the overall terrain, I didn't know if there might be any hidden obstacles/gullies/whatever or if they could safely follow the cliff edge to reliably find us. They did reconnect with us without problem, but this was obviously a fiasco, one which easily could have devolved into something worse than simply lost time.

## **June 28, 2013 - Mt Rainier/DC Route (Basic glacier climb outing)**

Branch: Olympia

Category: Minor

Incident type: Informational – other

Injuries: none

Summary: The climbing team turned around and did not summit. They returned to camp, departed, and drove to Copper Creek to have lunch. After lunch, one student returned and soloed the climb. He started up the trail at 4 pm with minimal gear (no stove, shovel, mat, harness). He awoke at 12:30 and summited at 6:45 in windy, cold, and cloudy conditions. He fell into an ice cave in the crater, gouging his leg on his crampons. He returned to Paradise by 3pm.

## **June 29, 2013 - Bean 6743 (Alpine scrambles outing)**

Branch: Seattle

Category: Minor

Incident Type: Personal illness, preparation, conditioning – Shoulder/arm/hand

Injuries: partial shoulder dislocation

Summary: A scrambler was shuffling across a broad ledge on the south face of Bean Peak, already stressed from a previous off-route detour, from which we were retreating, when her pack shifted off her back and onto her left upper arm while she had her elbow cocked out at an awkward angle. She said, "Ow!" and reported a sensation as if her left shoulder had partially displaced/dislocated and then gone back into the socket. This did not seem like a full shoulder dislocation, or she would have reported considerably more pain and would have had even greater difficulty completing the summit and participating in later activities. I asked her to let us know if she needed any follow-up medical attention and since the incident heard nothing further.

## **June 29, 2013 - Bryant South Peak 5801 (Alpine scrambles outing)**

Branch: Seattle

Category: Minor

Incident Type: Fall/slip – snow

Injuries: Sprained Ankle

Summary: On the descent, a participant punched through snow into an underlying creek and sprained his ankle. He walked out on his own. [Leader] This is a great time of year to highlight the dangers of rapidly melting snow over rocks and streams.

## **June 29, 2013 - Mt Baldy (Hiking outing)**

Branch: Foothills

Category: Minor

Incident type: Fall/slip – nontechnical terrain

Injuries: Knee injury

Summary: A participant slipped on the steep trail on the return trip and temporarily threw his knee out of joint. He had a knee brace with him (apparently his knees had previously caused issues) which he applied. I asked if he needed assistance down, and he got up and continued down at a slow pace. A few minutes later, he said his knee went back in place and didn't hurt any longer. He proceeded down at a normal hiking pace with the group.

## **July 4, 2013 - Kaleetan Peak/S Route (Alpine scrambles outing)**

Branch: Seattle

Category: Minor

Incident Type: Informational – skill limit or lack

Injuries: None

Summary: One scrambler on the trip, had taken the Basic Climbing class years ago, but has been inactive for some time. As it turns out, this trip was the first time he had used an ice axe in 13 years. If I had known this, I would not have allowed him on this scramble. Fitness was not an issue, and he did OK on rock, but he seems to have forgotten most of what he knew about snow travel. When encountered the one patch of snow where safety was a significant concern, I was up in front with the one student on the trip, assuming that everyone else was experienced and would be fine. Only after we got to the bottom of that snow did I look up and see that this scrambler was floundering with not only poor ice axe skills, but inadequately stiff boots. On our return, the one steep snow section could be partially skirted, and the rest of it didn't have much exposure. This situation is very unusual in my experience, but was very unsettling. I don't think a slip would have been fatal, but this scrambler could easily have slid into people below him and caused serious injury to himself and others.

## **July 5, 2013 - Mt Rainier/DC Route (Basic glacier climb outing)**

Branch: Seattle

Category: Minor

Incident Type: Personal illness, preparation, conditioning – potential Acute Mountain Sickness

Injuries: Dizziness, headache, nausea

Summary: We turned around at 12,200' because of symptoms of worsening AMS experienced by one of our climbers. She had begun experiencing nausea at Ingraham Flats and the symptoms progressed to include dizziness, headache and extreme nausea. She was evaluated by our First Aid lead, who found her pulse elevated even after a fifteen minute break at the top of the Disappointment Cleaver. Her heart rate was over 100 BPM. We descended and her symptoms gradually improved.

## **July 5, 2013 - Spectacle Lake (Backpacking outing)**

Branch: Foothills

Category: Minor

Incident Type: Fall/slip – nontechnical terrain

Injuries: Hit thigh

Summary: The leader slipped on a log crossing over Lemah Creek, injuring her thigh on the way out. She applied ice packs and took pain medication. The group ended the trip a day earlier than planned.

## **July 11, 2013 - Lower Tuscohatchie Lake/Talapus Lake (Midweek hike outing)**

Branch: Seattle

Category: Minor

Incident Type: Personal illness, preparation, conditioning - Leg/knee/ankle/foot

Injuries: Knee

Summary: A hiker's right knee became sore when she reached the top of Pratt Ridge on the return trip. Our route was downhill from there on. One of the other hikers provided a pain reliever, which seemed to help. She was a little slower after her knee began hurting, but we still arrived at the trailhead at close to the projected time. After I learned of her sore knee I instructed our first aid person to hike behind her and tend to any medical needs she may have. After the last trail fork, at the south end of Talapus Lake, I took the rear so I could assist the injured hiker in any needs she might have. She thinks her knee

injury built up gradually and was not the result of any particular incident. She plans to put ice on it and see how it feels in the morning.

### **July 12, 2013 - Adams/South Spur 12276' (Alpine scrambles outing)**

Branch: Seattle

Category: Minor

Incident Type: Informational – party size

Injuries: None

Summary: The Mountaineers data base allowed 13 people to be signed up for this trip. The rangers forced the group to split into two segments with other groups between our sub groups

### **July 13, 2013 - Eagle Peak (Alpine scrambles outing)**

Branch: Olympia

Category: Minor

Incident Type: Informational – equipment limit or lack

Injuries: None

Summary: A student removed his helmet to dry his brow while traversing from Eagle to Chutla. Upon setting it down, it slid down the hillside. We were unable to retrieve it and aborted any additional scrambling due to the safety concerns.

### **July 14, 2013 - Lake Stuart (Hiking outing)**

Branch: Seattle

Category: Minor

Incident Type: Fall/slip – nontechnical terrain

Injuries: knee abrasions

Summary: There was a stumble and fall of one participant at approximately 200 yards before arriving back at the trail head. The hiker suffered minor abrasions to right knee and right elbow. These were provisionally cleaned and bandaged. Hiker was able to hike out and drive home.

### **July 18, 2013 - Sourdough Gap (Midweek hike outing)**

Branch: Seattle

Category: Minor

Incident Type: Personal illness, preparation, conditioning

Injuries: Fatigue/weakness

Summary: One of our hikers was not capable of keeping up with the group even at a slow pace or of completing more than a small part of the hike due to inadequate strength and stamina. We were very fortunate in that we met a Mountaineers hike leader on the trail who knew this hiker and he helped her back to the trailhead and drove her home. As a result, the rest of the party was able to complete the hike after some delay.

### **July 20, 2013 - Melakwa Lake (Hiking outing)**

Branch: Seattle

Category: Minor

Incident Type: Fall/slip – nontechnical terrain

Injuries: None

Summary: Two people fell off the trail. One hiker at the lake fell while beginning the log crossing at the outlet of the lake. The other hiker fell off the trail when stepping too close to the edge of the trail where the tread was soft. No injuries to either person.

### **July 20, 2013 - Mt Fremont Lookout - Rainier/Sourdough Trail (Naturalists outing)**

Branch: Seattle

Category: Minor

Incident Type: Personal illness, preparation, conditioning - Leg/knee/ankle/foot

Injuries: Sore Ankle

Summary: With about 2 miles left on the trip one hiker complained of a sore ankle and was visibly limping. I loaned him my hiking pole to take some of the weight off his foot (he already had one pole) and stayed behind/with him for the last two slow miles, making sure he took lots of breaks and didn't feel rushed. I suggested he ice it when he got home. Individual was able to complete the hike.

### **July 20, 2013 - Mt Shuksan/Sulphide Glacier (Basic glacier climb outing)**

Branch: Everett

Category: Minor

Incident Type: Personal illness, preparation, conditioning

Injuries: Nausea, dizzy, dehydration

Summary: At 7600 ft a party member felt nauseous and dizzy. He believed it was from overexertion and dehydration. We had one EMT and one paramedic on the climb who evaluated him and decided there weren't any serious issues but he did not feel well enough to continue. We descended to a shelf at 7000ft and bivied for the night. Party member was given hot tea and water with hydration salts. We bivied for about 4 hours. All party members had sleeping pads and sleeping bags. After 4 hours, the sick party member felt better but not well enough to attempt the summit, and we descended back our base camp, broke camp, and headed back to the trailhead.

### **July 20, 2013 - Navaho Pass (Hiking outing)**

Branch: Seattle

Category: Minor

Incident Type: Personal illness, preparation, conditioning - Heat/dehydration

Injuries: Heat Exhaustion

Summary: One of the participants was suffering a bit from the heat and elevation. He felt very low on energy. Said he usually did lower elevation hikes and it was pretty hot out for him. He stopped about 1/4 mile from the destination and waited for us in the shade with another hiker. Was feeling better when we got back and made the trip back out with no problems.

### **July 21, 2013 - South Early Winter Spire/S Arete (Basic rock climb outing)**

Branch: Tacoma

Category: Minor

Incident Type: Fall/slip – nontechnical terrain

Injuries: Twisted ankle

Summary: One student twisted her ankle on the hiking trail about a mile from the cars. She was able to walk out slowly with some poles and promised to get it checked out. Guessing she sprained it.

## **August 2, 2013 - Mt Rainier/Emmons Glacier, Inter Glacier (Basic glacier climb outing)**

Branch: Seattle

Category: Minor

Incident Type: Fall/slip – snow

Injuries: None

Summary: Warm weather softened snow significantly (85 degree days in Seattle), affecting route conditions. Emmons Glacier descent - one punch-through to the hip (while roped). Inter Glacier descent - one glissader ran out onto bare ice and a self-arrest was successful; and a punch-through to the hip when walking between glissade tracks. Rope was used for most of up and down travel on Inter Glacier, but should have been used throughout. Most climbers glissade the Inter Glacier, but it is absolutely inappropriate at this time.

## **August 3, 2013 - Kendall Katwalk (Hiking outing)**

Branch: Seattle

Category: Minor

Incident Type: Fall/slip – nontechnical terrain

Injuries: abrasions hands and knees

Summary: A participant took a fall on the trail. She was in need of first aid cleaning and bandaging for scraps on her hands and knees. Otherwise, she continued on unabated.

## **August 7, 2013 - Berkeley Park Mount Rainier National Park (Backpacking outing)**

Branch: Tacoma

Category: Minor

Incident Type: Logistics – automobile

Injuries: None

Summary: The trip leader's car broke down in Buckley, and was towed to Tacoma.

## **August 10, 2013 - Gothic Peak 6213, Monte Cristo area (Alpine scrambles outing)**

Branch: Seattle

Category: Minor

Incident Type: Fall/slip – nontechnical terrain

Injuries: Minor abrasions and possible bruised ribs

Summary: Near the bottom of the summit block, the last scrambler in line fell a short distance and hurt her side. The participant basically had a double hand hold on what appeared to be a solid tree, but in fact was a loose branch. It came loose resulting in a slip and contact with the down sloping rock ledge. Abrasions and bruised right side ribs were treated with anti-inflammatory and a snow ice pack. Participant reported having complete normal range of motion, with some noticeable discomfort of certain movements (large steps or balance challenges). Coughing and sneezing were seriously uncomfortable. Other than that, participant stated she was fine.

## **August 11, 2013 - Florence Peak 5501 (Alpine scrambles outing)**

Branch: Tacoma

Category: Minor

Incident Type: Personal illness, preparation, conditioning – Insect bites

Injuries: Hornet stings

Summary: We crossed a meadow full of bear grass and apparently stirred up a hornet nest. Three party members were stung. Two people had one sting each, one person had 3 stings, believe it or not, on her ankles inside her boots. (She was not wearing gaiters). Thank goodness no allergies. All concerned were fine after a short break and some Sting- medicine for the person with the 3 stings. She was not fazed by it and was ready to keep on going. Not sure how we could have prevented this, although the person with the multiple stings was in the rear. Perhaps if we had been more spread out (instead of in a line) and only one or two of us had passed over the nest, they would not have come out and stung. The vegetation was deep and thick so nothing visible.

## **August 16, 2013 - Spray Park (Hiking outing)**

Branch: Kitsap

Category: Minor

Incident Type: Logistics – party split

Injuries: None

Summary: On the return the person serving as sweep for the hike became separated from the party and took the wrong trail at a junction near the trailhead. The person realized her error, turned around after about 20 minutes and contacted two party members who were searching for her. All hikers rejoined at the junction and completed the hike without further incident.

## **August 17, 2013 - Mt Shuksan/Sulphide Glacier (Basic glacier climb outing)**

Branch: Seattle

Category: Minor

Incident Type: Hit/cut – Ran into other party member on rappel

Injuries: None

Summary: Two of the rappels were full two rope rappels 60 meters long. The ropes were half-ropes of 7.8 mm diameter so the stretch when near the end was significantly larger than for thicker ropes. The first party member down one rappel (nearly at the end) stopped on a level ledge to shake out the tangled rappel lines. When the ropes were reweighted, the stretch required the rappeller to run down the low angle rock to keep balance. Another party member was well below the rappeller and scrambling in easy terrain. The rappeller running down the slab quickly closed the gap and the two collided just as the stretching ended. The rappeller realized this was going to happen and successfully grabbed the other person so the other would not be knocked down the low angle terrain. All ended well with no injury but there were several lessons here:

(1) Scrambling and rappelling in the same area is unwise and risky, even if the angle is low. The plan was to set up the long rappel to speed everyone down even though the terrain could have been scrambled (but more slowly).

(2) The scrambling participant had helped shake out the rappel lines, but should have stayed well out of the fall line of the rappel.

(3) The rappeller should not have proceeded while the other participant was below near the fall line.

(4) The rope stretch was more than previously experienced by the rappeller and was due to being at full length on skinny ropes. Something different is likely to cause a surprise, as it did. The rappeller should have been more alert to this possibility.

## **August 17, 2013 – Nisqually Glacier, Mount Rainier NP (Intermediate ice field trip)**

Branch: Seattle

Category: Minor

Incident Type: Fall/slip – Ice (punctured leg with crampons)

Injuries: Puncture wound Leg

Summary: The Field Trip leader stepped through some snow, lost balance, and stabbed his calf with his crampon. Puncture wound about half inch wide. Bleeding stopped quickly with compression. Irrigated and covered with antibiotic ointment that evening. In hindsight, should have done more aggressive irrigation on the spot, followed by wound closure treatment. Leader took part in field trip the following day.

## **August 18, 2013 - Lundin Peak/W Ridge (Basic rock climb outing)**

Branch: Everett

Category: Minor

Incident Type: Fall/slip – nontechnical terrain

Injuries: Twisted ankle

Summary: A student twisted an ankle while on approach in a boulder field. Took a 10 minute break and was able to continue. Didn't seem to impact the rest of trip.

## **August 21, 2013 - Abiel 5365 (Alpine scrambles outing)**

Branch: Seattle

Category: Minor

Incident Type: Near miss – party-induced rockfall

Injuries: None

Summary: The leader of a scrambling party sent a toaster sized rock bouncing down through the group on the steeper slopes below Abiel's summit. The terrain was reasonably solid and I hadn't a clue that the rock at issue was loose. Luckily no one was hit.

## **August 21, 2013 - Little Si 1576 (Alpine scrambles outing)**

Branch: Seattle

Category: Minor

Incident Type: Personal illness, preparation, condition – insect bites; Logistics – party split

Injuries: Bee Stings

Summary: We left the trail at the climbing walls, heading up the scrambling route boot path. At the very first short, easy chimney, two of the group climbed up. There must have been a bee or yellow jacket nest in the chimney. The middle part of the group got stung by bees but still completed the chimney. The last person got stung and did not go up the chimney. I wanted to turn around at that point, but it was not possible to descend through the bees and there was not another safe way to descend. We waited a few minutes to make sure the last person stung was feeling okay, calling down to her. She decided she wanted to continue up the trail and meet us at the Little Si summit. We verified that we could communicate by cell phone. The group quickly continued up the scrambling route to the summit and down the trail to meet the separated scrambler. She wanted to continue to the summit, so the group returned to the summit on the trail. We took a break for a half hour and returned to the cars, returning at around sunset.

## **August 24, 2013 - Hannegan Peak (Hiking outing)**

Branch: Everett

Category: Minor

Incident Type: Personal illness, preparation, conditioning – insect bite

Injuries: Wasp sting

Summary: A participant received a wasp sting and experienced only a minor reaction and was able to complete hike without difficulty.

## **August 24, 2013 - South Early Winter Spire/S Arete (Basic rock climb outing)**

Branch: Seattle

Category: Minor

Incident Type: Informational - Assist other party

Injuries: none

Summary: Our party assisted in the rescue of an injured climber on North Early Winters Spire. See <http://methowvalleynews.com/2013/08/28/injured-climber-rescued-near-washington-pass/>. Shortly after 11am, I (the leader) witnessed the accident while my party was on the summit of SEWS. The climber fell while leading the sixth pitch (per SuperTopo) of the Chockstone route. He had placed no protection and fell while in the "5.4 poor pro" chimney. He tumbled down to a ledge ~15' below his belayer. I made voice contact with the climbing party. We used our FRS radios to initiate rescue, reaching folks associated with the Cutthroat Classic trail run. Eventually I led most of the group down with two from our party staying on the summit with a radio to relay communications; they descended later. Another rope leader and I climbed the first pitches of the Chockstone route (to above the giant chockstone) and belayed up a rescuer. We assisted in the lowering operation. Our entire party waited at the base of the Chockstone route until a helicopter evacuated the patient at around 6:30pm.

*(Assisted with Major incident on North Early Winter Spire)*

## **August 25, 2013 - Hidden Lake Peak Lookout (Hiking outing)**

Branch: Seattle

Category: Minor

Incident Type: Personal illness, preparation, conditioning

Injuries: felt ill

Summary: We had one hiker feel ill and we decided to turn around and get her down out of elevation. She felt better on the way down.

## **September 7, 2013 - Abiel 5365 (Alpine scrambles outing)**

Branch: Seattle

Category: Minor

Incident Type: Informational - Assist other party

Injuries: None

Summary: One member of our party had recently hiked up Silver Peak, but had left a trekking pole behind. She knew where she left it, so we were all willing to take a bit of time and get a little more exercise by going part way up Silver so she could retrieve the pole. Before we got to it, though, we encountered a somewhat disoriented young man, and after we talked to him briefly it seemed best to have him hike back down with us. His story as best I understood it was that he had failed to meet the Mountaineers hike he had signed up for, so he started up the trail anyway. He claims to have met his party near the top when they were on their way down, and he also claims the leader wouldn't wait for him to go on up to the summit and return to them. He was pretty unhappy about this, but if I were that

leader, I might very well have told him the same thing. At any rate, he was on his own, and shortly before we encountered him, he tripped and took a tumble, losing his wallet and cell phone in the process. I think one reason he was willing to hike down with us was so that he could borrow a phone once we got to where there was any cell coverage. We made sure he had something to eat and drink, and he seemed to be fine hiking at a good pace with no balance problems, so the tumble he took seems to have just temporarily shaken him up. We got contact info from him and verified that he got home OK.

*[The other trip the lost hiker was supposed to be on indicated that he met the party on their way down, they offered to walk with him back down, but he chose to go up to the summit on his own instead while the original trip proceeded to the trailhead.]*

## September 7, 2013 - Cape Flattery (Sea kayak outing)

Branch: Olympia

Category: Minor

Incident Type: Hit/cut – other object

Injuries: None

Summary: We paddled in what turned out to be more challenging conditions than predicted the 10+ miles to Point of Arches from Hobuck and back. Two of us had to do two tries to get through the 4' surf after lunch. We separated on the way back, with two paddlers on the inside while I continued outside through the increasing clapotis. One was having issues with his boat (Illusion) which caused them to go slower than normal. We regrouped at Portage Head and agreed separation had not been a good idea, especially without a radio check/monitoring set up in the compromising conditions. We went around the outside of the active boomers to land with no carnage on the beach. Due to an ongoing finger injury that was causing numbness and tingling in my left hand and forearm, I decided to bail on the my weekend plans as I didn't want to interfere with the group's plans or reinjure myself. Another paddler agreed to take over the leadership role for the next two days.

He reports for Saturday: The group launched in low surf at about 10:20am. As the weather was fine, the swell low and little to no wind, we spread out a bit, just keeping each other in sight. We paddled close to shore for some excellent rock gardening and stopped for a break in the cove about 0.3NM past Fuca Pillar. We had planned to go out around Tatoosh Island next and set up on channel 69 to ensure we had communication and headed out. We headed across to the southwest side of Tatoosh Island in ideal conditions. The swell continued to be about 3-4 feet with a few larger sets coming through. Once at the island, it appeared that the tunnel passage known as "The Green Room" was ok to enter. I entered at the north end of tunnel with beautiful light making the tunnel live up to its name. At the south exit, however, conditions were pretty rough and there was no place to turn around. Waves were coming across the exit, but not breaking, so I continued out followed by another paddler.

Another paddler exited last, and was hit by a much larger set of waves that broke across the exit and took him sideways into the wall. He went over and attempted to roll, but a second wave pushed him against the wall again. After a second roll attempt, he exited his boat with good control - holding onto both boat and paddle in spite of the very confused water. I was about 25-30 yards away and paddled hard into where he was in the water, readying my tow line. When I got within 10-15 feet, I tossed the end of the tow line to him, who grabbed it on the first try. I then towed him and his boat away from the rock wall. We started to attempt to get him right back into the boat, but the current was taking us toward more rocks, so we ended up letting the current take us through a narrow slot and then I was able to tow him into clear water to effect the rescue.

We found that his boat was pretty severely damaged and taking a lot of water into the bow compartment. He did have a float bag in the bow which was keeping the bow afloat, so we were able to get him back in the boat before dealing with the damage. We found that the right seam between the hull and deck was split for 8-10 inches. Fortunately I had float bags in my bow and stern, so we were able to insert a second bag into his bow which kept most of the water out of the compartment. We then paddled to the cove to have some lunch. Just before we entered the cove, I was able to tell the original leader what had happened, as she had hiked out to the overlook and had observed most of the rescue through binoculars. We were able to seal up most of the leaking sections with duct tape and ensure that very little weather could get in by fully inflating both float bags. On the return we decided to go outside of all of the rocks to avoid rougher water. This turned out to be a mistake, as the flooding current set up a significant rip around the outside. The current was also running about 2 kt against us, making progress very slow in the rough water. We finally made it back to the beach at about 5pm.

Sun: Another paddler had brought an extra boat and the paddler who overturned borrowed it so that he and two other paddlers could go play in rock gardens around and south of Portage Head. They launched in conditions the same as Sat around 10:00 and returned around 2:30 with no problems reported.

### **September 8, 2013 - Yellowjacket Tower/E Flank (Basic rock climb outing)**

Branch: Seattle

Category: Minor

Incident Type: Informational – Equipment Limit or Lack

Injuries: None

Summary: One of the students dropped her belay device. I gave her mine and Munter hitch rappelled without incident. The device was later found and recovered.

### **September 14, 2013 - Big Heart Lake (Hiking outing)**

Branch: Seattle

Category: Minor

Incident Type: Personal illness, preparation, conditioning - Heat

Injuries: Heat Exhaustion

Summary: One of the hikers had a real problem with the heat. She was going very slow and drinking plenty of water, but her skin was flushed bright red and it didn't get better after a long break. She thought she might get better, but realized it just wasn't going to happen. The other three in the group separated from the Mountaineers hike and made it all the way to Big Heart. The hiker and I went back down to the cars, and I sat with her while she ate and drank. Once her color was back to normal and she said she didn't feel dizzy and perfectly fine to drive, then we separated and left in our own cars.

### **September 14, 2013 - Merchant Peak (Alpine scrambles outing)**

Branch: Seattle

Category: Minor

Incident Type: Personal illness, preparation, conditioning - Heat

Injuries: Heat cramps in legs

Summary: One of the party began experiencing leg cramps within 100 vertical feet of the summit. We rested at the summit, re-hydrated, ate lunch, and then started back down. The individual's leg cramps increased. We stopped, hydrated more, shared energy boosting & salty foods, and rested. We started descending again, but very shortly thereafter the individual indicated he wouldn't be able to continue.

We stopped at a water source and thoroughly re-hydrated and rested for 30 minutes. I suggested that he and I should prepare for an unplanned bivy so that he could rest the night and walk out in the morning. He indicated he would like to try walking again. Within 20 feet descent and 3 minutes he indicated he couldn't go forward. We initiated my plan where he and I would remain behind and bivy, so that he could fully rest and re-hydrate. The other members of the scramble party shared extra food, insulation, and other helpful gear for an unplanned overnight bivy. Upon my request, they continued on to the TH with instructions to contact our emergency points of contact to let them know we'd be out the next morning. We rested at the bivy sight for another two hours. At 5pm, we checked his condition and he was much improved. He wanted to walk out that evening rather than bivy overnight, and based on his improved condition I agreed. We moved slowly and carefully stopping frequently to re-hydrate and eat more high energy / salty food. We made it back to the TH by 8:30pm without further incident.

### **September 15, 2013 - Yellowjacket Tower/E Flank (Basic rock climb outing)**

Branch: Everett

Category: Minor

Incident Type: Fall/slip – rock

Injuries: Scrapes and bruises

Summary: While climbing up the hidden gully one student fell trying to make it through the tricky moves. He was on a prusik attached to a handline. He fell approximately 15-20 feet and rolled/slid down the rock rib. His prusik held and he landed on his backpack so the fall resulted in just a few scrapes and bruises. I was the only climber below him and he stopped moving about 2 feet above me. I was also secured into the line with a prusik. Had we not been attached to a handline we both would have been swept the rest of the 30 feet down the gully to the slopes below. I believe the handline allowed us to avoid some critical injuries or worse.

The Basic Climbs Guide currently calls this class three with a few class 4 moves. In my opinion the few moves, although few, are difficult enough to call mild class five and warrant a trad lead and either belay or handline for the followers. I believe our route description should be updated to make clear that this is the toughest scrambling section and should be taken seriously. Most of the gear should be left below the hidden gully with full rock climbing gear on before this section. This should be considered the start of the climb (IMO).

### **September 15, 2013 - Hibox 6560 (Alpine scrambles outing)**

Branch: Seattle

Category: Minor

Incident Type: Personal illness, preparation, conditioning – Insect bites

Injuries: Hornet Stings

Summary: Multiple hornet nests with multiple hornets stung multiple scramblers multiple times as we passed each nest.

### **September 19, 2013 - Ingalls Peak/S Ridge (Basic rock climb outing)**

Branch: Seattle

Category: Minor

Incident Type: Fall/slip – nontechnical terrain

Injuries: sprain/strain ankle

Summary: One person twisted her ankle on the way down on the trail section. Bandaged and rested and lightened her load and she was able to walk out without problem. She was a bit sore the next day but nothing of concern.

### **September 21, 2013 - High Rock Lookout (Hiking outing)**

Branch: Olympia

Category: Minor

Incident Type: Personal illness, preparation, conditioning – insect bite

Injuries: Bee sting

Summary: A 5-year old party member was stung by a bee while hiking uphill.

### **October 5, 2013 - East Snoqualmie 6100 (Alpine scrambles outing)**

Branch: Seattle

Category: Minor

Incident Type: Personal illness, preparation, conditioning – insect bite

Injuries: Yellow Jacket Sting

Summary: Our MOFA lead was stung by a yellow jacket in the palm. Why there was a yellow jacket flying around at 5,200 feet surrounded by snow was a mystery to us. We applied snow to the palm for about 5 minutes and then proceeded to the summit. No other actions were necessary.

### **October 19, 2013 - Chair Peak/NE Buttress (Basic rock climb outing)**

Branch: Olympia

Category: Minor

Incident Type: Informational – route conditions

Injuries: None

Summary: Progress upwards was slow due to the snow and wet rock. When we turned around, we had to rappel almost the entire route, even low-angle stuff that would normally have been scrambled. Darkness hit before we were off, resulting in two rappels with headlamps. South- and west-facing slopes, like South Face Tooth and West Face Guye are snow-free, but all north- and east-facing slopes have snow.

### **October 27, 2013 – Hope Island (east of Whidbey Island) - Saddlebag Island (Sea kayak outing)**

Branch: Seattle

Category: Minor

Incident Type: Boating - Kayak flip

Injuries: none

Summary: Gale force winds from the NW were forecast so the trip was changed to Hope/Skagit Island hoping from protection from the NW wind. We launched at 9:30 from Cornet Bay. Everyone made it to Ala Spit with no incidents but they were nervous at the bumpy water. On the crossing from Ala Spit to Hope Island one participant had trouble controlling his kayak and ended up capsizing. He was rescued without incident although someone did call the coast guard who sent a helicopter out to check. This participant capsized again before making it to Hope Island and it was clear that he did not have the confidence to keep his kayak upright. We towed him to Hope Island and reconnected with the other participants. We made it to the campsite on the north side of Hope Island.

When we launched the same participant capsized and it was necessary to set up a rafted tow. We made it to Sne-oosh Point where we ended the trip. Four people stayed at Sne-oosh for pick-up by Kayak Academy. Three of us paddled back to Cornet Bay to try to catch Barb since we did not get an immediate response to our message to change pick-up locations. We all met in the parking lot at the end of the trip. For kayaking it was pretty minor as

## **November 4, 2013 - Mental Side of Lead Climbing (Climbing seminar)**

Branch: Tacoma

Category: Minor

Incident Type: Fall/slip – rock

Injuries: None

Summary: A participant was unable to hold the fall of his lead climber and dropped her to the ground at a climbing gym. The lead climber was uninjured and landed on her bum from 20 ft above the padded floor. I called the next day to check on her. She and the belayer climb together often. For this seminar, participants were required to be lead certified by the gym, which includes leader falls and belays on a 5.8 overhanging gym route using an ATC-type device. The fall occurred during lead climbing falling practice. The belayer used a Trango Cinch auto assist belay device. The lead climber (petite) said "falling" and fell from right at the clip, then the belayer's brake hand seemed to lock the device in an open position instead of allowing it to close and brake the fall. His guide hand (no glove) closed on the rope between the device and the climber and he was able to reduce her speed somewhat but burned his fingers as the rope slide through. Prior to the lead fall, the pair had practiced taking small falls on top rope without incident.

The climbing gym staff searched for information on the Trango, and it sounds like the belayer needs to keep the braking hand thumb and forefinger in a particular position to ensure braking does not keep the Cinch open. There also seems to be a common wear pattern that reduces the friction of the device and has been implicated in climbing gym falls. I had never seen this device before, but I did not check what device he was using since he had passed the lead belay test at the gym as a prerequisite for this seminar. I called him a few days later to check on his hand and to discuss his take on the incident. He said he doesn't trust it and doesn't plan to use it again. We had a thorough discussion about how it happened and the need to be responsible for knowing how to use all of our equipment at this level.

I encourage discussion of equipment like the Trango Cinch. Auto assist belay is not foolproof. In a quick Google search, the first thing that comes up is "trango cinch failure."

## **November 9, 2013 – Heybrook Ridge (Navigation field trip)**

Branch: Seattle

Category: Minor

Incident Type: Personal illness, preparation, conditioning - cold

Injuries: Felt cold

Summary: One participant had a pre-existing condition where she would become cold very easily despite wearing several layers. Hypothermia was first diagnosed but did not seem feasible given the participant had this condition before. Seemed fine in the morning when the sun was out and warmer, but condition worsened in the afternoon when cloud cover increased. Prior to walking to final problem, participant told instructors she did not feel well and could not get warm. We tried having her wear additional layers and provided hand-warmers, but participant did not feel any better and wanted to go

back to car. Her husband was an instructor and escorted her back to her vehicle where she waited until the fieldtrip completed.

### **November 30, 2013 - West Tiger 1-2-3 Loop (Singles/social event)**

Branch: Seattle

Category: Minor

Incident Type: Fall/slip – nontechnical terrain

Injuries: None

Summary: A hiker slipped on one of the bridges and fell. She was ambulatory and indicated she was okay. No obvious injury occurred.