The Mountaineers Annual Safety Report for 2017

January 2018

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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 incidents 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 Board Policy Manual - Safety Committee:

- 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, incident, near miss, and other reports, and make this data available to all branches.
- Standardize trip reporting to collect information on routes, incidents, and near misses, and enhance systems to share this information.
- Ensure a thorough and professional incident investigation is performed for all fatalities and major incidents 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 2017 included:

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

We track incidents as Critical, Major, Significant, or Minor:

- Critical incidents are those where a fatality or life-changing accident occurred.
- 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.

With the growing ability to perform data analytics, two additional categories were added in 2016.

• Party Assists are incidents where a Mountaineer group assisted a non-Mountaineer party in some way.

• Near Misses/Lessons Learned are situations where the occurrence of an incident was averted: no injuries, no outside agency needed, potential difficulties were overcome. Safety experts at recent Mountaineer Leadership Conference emphasized the advantages of tracking Near Misses separately from the others.

Reports for 2017 Major, Significant, and Near Miss incidents are provided below, with any identifying information Mountaineers party members removed.

A spreadsheet of all incidents is also provided in a separate file. Narratives have had identifying information Mountaineers party members removed.

The Safety Committee encourages you to examine the report narratives and lessons learned, as reported by the leaders and participants.

-- Dave Shema 2016-2017 Safety Committee Chair
SUMMARY AND STATISTICS

In 2017, there were 145 incident reports, an increase of 30 over 2016.

Of the 145 incident reports, 1 was a CRITICAL incident, 7 were MAJOR incidents, 13 were SIGNIFICANT, and 78 were MINOR. There were 4 report that described situations where Mountaineer parties assisted other groups needing help. 37 reports described NEAR MISSES – situations where no one was hurt but easily could have been, and 5 Others.

Critical Incidents are fatalities or life-changing incidents.

Major Incidents involve emergency medical attention or hospitalization; Search and Rescue (search performed); 911 call (emergency responders). There were seven major incidents reported,

Significant Incidents involve medical attention or SAR or 911 called but no search performed. There were 13 significant incidents reported.

Minor incidents involve 1) situations involving Mountaineers groups where injuries were minor, or 2) the situations affected the party in a negative fashion such has gear problems, party separation, personal conflicts, etc.

Party Assists denote that a Mountaineer group came to the aid of another group that had an incident that could be described as MAJOR or SIGNIFICANT.

Near Misses and Lessons Learned are situations where no one was injured but safety concerns were raised. Safety experts at 2016 Mountaineer Leadership conference suggested that Near Misses are very important to track. Many of these were reported by trip participants.

Other incidents describe situations that don’t well fit the above situations.
BAR CHART – MAJOR INCIDENTS

# of Major Incidents in 2017

- fall (travel a distance): 2
- ice axe arrest needed / attempted: 2
- injury/illness - self inflicted, caused by movement: 1
- Slip (not resulting in a fall): 1
- hit/cut - natural object: 1
# of Significant Incidents in 2017

- Slip (not resulting in a fall): 3
- Fall (travel a distance): 3
- Hit/cut - natural object: 2
- Ice axe arrest needed / attempted: 2
- Injury/illness - self inflicted, caused by movement: 1
- Rock fall, rock movement: 1
- Hit/cut - equipment, tool: 1
### # of Minor Incidents in 2017

<table>
<thead>
<tr>
<th>Incident Description</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slip (not resulting in a fall)</td>
<td>16</td>
</tr>
<tr>
<td>Injury/illness - sudden onset</td>
<td>11</td>
</tr>
<tr>
<td>Lack of skill, preparation, conditioning, fatigue</td>
<td>10</td>
</tr>
<tr>
<td>Fall (travel a distance)</td>
<td>9</td>
</tr>
<tr>
<td>Hit/cut - person, animal, insect stings</td>
<td>6</td>
</tr>
<tr>
<td>Hit/cut - natural object</td>
<td>5</td>
</tr>
<tr>
<td>Hit/cut - equipment, tool</td>
<td>5</td>
</tr>
<tr>
<td>Injury/illness - pre-existing condition</td>
<td>4</td>
</tr>
<tr>
<td>Rock fall, rock movement</td>
<td>2</td>
</tr>
<tr>
<td>Water incident - capsize, immersion</td>
<td>2</td>
</tr>
<tr>
<td>Injury/illness - self-inflicted, caused by movement</td>
<td>2</td>
</tr>
<tr>
<td>Equipment issue</td>
<td>2</td>
</tr>
<tr>
<td>Party split</td>
<td>1</td>
</tr>
<tr>
<td>Rappel</td>
<td>1</td>
</tr>
<tr>
<td>Ice axe arrest needed / attempted</td>
<td>1</td>
</tr>
<tr>
<td>Fall while skiing</td>
<td>1</td>
</tr>
</tbody>
</table>
# of Times Assistance was Provided to Others by Mountaineers Parties in 2017

- **water incident - capsize, immersion**: 2
- **injury/illness - sudden onset**: 1
- **lack of skill, preparation, conditioning, fatigue**: 1
BAR CHART – NEAR MISSES

# of Near Misses in 2017

- lack of skill, preparation, conditioning, fatigue: 6
- party split: 5
- ice axe arrest needed / attempted: 4
- rock fall, rock movement: 4
- equipment issue: 3
- driving issues (including personal vehicle): 2
- route conditions, route finding, lost, overdue: 2
- Slip (not resulting in a fall): 2
- rappel: 2
- Avalanche: 2
- water hazard - wake, waves, conditions: 1
- water incident - capsize, immersion: 1
- Other: 1
- fire danger: 1
- party issues - conflict, misunderstandings, organization: 1
BAR CHART – INCIDENTS BY TERRAIN

# of Incidents by Terrain in 2017

- trail: 41
- snow - steep, ice axe or poles recommended: 16
- rock - technical, rope & protection needed: 16
- off-trail, cross-country: 15
- snow - nontechnical: 15
- water - large bodies, fresh or salt: 7
- snow - technical, glacier, rope needed: 6
- rock - nontechnical: 6
- road: 5
- gym, artificial climbing walls, sports area: 5
- Developed spaces, campgrounds, fields: 5
- water - stream, creek, river: 3
- building: 3
- ice - technical: 1
- rock - talus, boulders, scree: 1
BAR CHART - COMPARISON OF INCIDENTS OVER TIME

2010-2017 Trips
Comparing # of Incidents Over Time
2010 (left) to 2017 (right) within each incident cluster
FUNNEL CHARTS – COMPARING HIGH LEVEL INCIDENT TYPES PER 1,000 PARTICIPANT DAYS OVER TIME

**2012-2017 Trips**
Specific Types of Incidents per 1,000 participant days

- Boating: 0.1
- Other: 0.1
- Informational: 0.2
- Safety Concern: 0.2
- Logistics, Equipment Issues, Party Issues: 0.6
- Hit, Struck, Cut: 0.6
- Illness, Personal issues: 1.1
- Slip, Fall: 2.4

**2017 Trips**
Specific Types of Incidents per 1,000 participant days

- Boating: 0.1
- Other: 0.1
- Logistics, Equipment Issues, Party Issues: 0.2
- Informational: 0.3
- Safety Concern: 0.7
- Hit, Struck, Cut: 0.9
- Illness, Personal issues: 1.2
- Slip, Fall: 2.0
BAR CHARTS – COMPARISON OF SPECIFIC TYPES OF INCIDENTS PER 1,000 PARTICIPANT DAYS

2012-2017 Trips
Specific Types of Incidents per 1,000 participant days

- fire danger
- water hazard - wake, waves, conditions
- party issues - conflict, misunderstandings, organization
- weather related
- Avalanche
- hit/cut - equipment, tool
- injury/illness - self inflicted, caused by movement
- fall while skiing
- injury/illness - pre-existing condition
- equipment issue
- hit/cut - natural object
- water incident - capsize, immersion
- rappel
- Other
- driving issues (including personal vehicle)
- party split
- route conditions, route finding, lost, overdue
- hit/cut - person, animal, insect stings
- lack of skill, preparation, conditioning, fatigue
- ice axe arrest needed / attempted
- rock fall, rock movement
- injury/illness - sudden onset
- Slip (not resulting in a fall)
- fall (travel a distance)
21-JUL-2017 - INTERMEDIATE ALPINE CLIMB - MOUNT TORMENT & FORBIDDEN PEAK TRAVERSE

Branch: Bellingham
Activity Committee: Climbing
Activity Category: Trip
Incident Type: Critical
Incident Category: Slip, Fall - rappel
Injury: Head
Terrain: Rock - technical, rope & protection needed

Report:

A report of this incident will be issue after the investigation is completed.
14-JAN-2017– METHOW VALLEY XC SKI WEEKEND #1 - METHOW VALLEY WINTER TRAILS

Branch: Tacoma  
Activity Committee:  
Activity Category: Field Trip  
Incident Type: Major (Emergency Medical Attention)  
Incident Category: Slip, Fall  
Injury: Head  
Terrain: Building  

Report:  
LEADER  
During a MAC cross country ski trip to Winthrop, Jan 13-16, one of our Tacoma MAC youth participants fell while ice skating at a public rink. This happened around 8:15 pm on Saturday 1/14/17. She fell first on her rear and then all the way back and hit the back of her head. She did not lose consciousness and walked off the ice with support from two adults.  

There was some concern that she might have a concussion so we called the paramedics. They arrived shortly thereafter and gave the participant a thorough check over and assessment.  

The paramedics reported that she may have a very minor concussion but nothing was alarming. They and I spoke with the injured youth's mother who made the final decision not to transport the youth to the hospital. We then took the youth back to the hostel, monitored her per the paramedics' instructions, and she was fine, both that night and the next day.  

[Lessons Learned]  
None Reported  

20-MAY-2017 - BASIC ROCK CLIMB - GUYE PEAK/WEST FACE  

Branch: Seattle  
Activity Committee: Climbing  
Activity Category: Trip  
Incident Type: Major (change from initial report)  
Incident Category: Hit, Struck, Cut – Hit/cut Natural Object  
Injury: Back  
Terrain: Rock - technical, rope & protection needed  

Report:  
LEADER
We were a party of 6 climbing the West Face of Guye Peak, 3 leaders, 3 students. I told everyone to put their helmets on at the end of the small snowfield when we were about to begin the loose rock gully approach.

After scrambling the loose rock gulley towards the base of the ramp that leads to the base of the climb, we encountered snow. Finding the normal entrance to where you gain access to the ramp, there was a cascading waterfall (snowmelt), we opted to stay right of the gully and continue up to the top of the snow finger.

There was a short scramble up to where we could access the ramp better so we conferred and one of the instructors climbed up to set up a hand line for the students. I advised the students and other instructor to hug the right side of the rock and stay out of the fall line. Once the other instructor got to the top of the scramble section he called to have his pack raised to him. I clipped it to the rope and he pulled it up, then yelled to us he was going to move further back to set up the line on a tree further back. I was flaking the rope as it had been caught on rocks to the bottom right, away from the fall line when we heard "rock!" (not the first time we had heard that this day).

We all ducked, covered our helmeted heads and apparently I was struck in the upper back/shoulder area by a rock the size of a men’s shotput. I didn't know where it hit me but I knew I had been hit as I instinctively rolled right as I was thrown to the ground, landing with my right shoulder and head in the snow finger bank.

My fingers and toes tingled and I asked everyone not to move me, that I was experiencing some type of shock and to give me a minute. My other instructor, who is also part of King County Search and Rescue, was immediately by my side and asked if I could move. I told her to wait a moment as the shock wore off then tried moving my extremities, all good.

I sat where I was, and she asked where I had been hit. I didn't know and one of the students said my upper back/shoulder area. She performed an initial assessment while another student got me a jacket. We told the other instructor who had now anchored in the handline to stay put as there was an injury and after about 5 minutes I was able to collect myself and move.

An instructor checked my neck and back and I asked her to palpate an area that hurt, she found a huge swollen bruise and contusion between the right of my spine and my shoulder.

We sheltered in place for about an additional 20 minutes and formulated a plan of exit. The snow we had just ascended was pretty steep and I didn’t know if I was going to be able to make it down. One of the students had a Micro Traxion so we decided to climb up to the other instructor to see if there was a more feasible way down from the base of the ramp. When we got up there, he scouted around and couldn't find anything, and the rock we were to climb was dripping wet (even if there wasn’t an injury, we would have turned around at this point).

We decided to get some food, water and rappel down. Luckily with some pain I was able to rappel onto a safe spot on the snow. We then rigged a 2-rope rappel to the base of the snow and a student kept me on a fireman’s belay for that, very slow-going but much safer than trying to descend the steep snow. We all regrouped in a safe spot and continued the descent slowly down the approach, back to the cars.

I went to Meadowbrook Urgent Care in North Bend and the doctor sent me to Snoqualmie Hospital Outpatient to get C-Spine x-rays. I have a broken spinous process at the C-7 which will require healing on it's own, thankfully, no surgery and nothing more serious.

[Lessons Learned]
Not a lesson learned, but a lesson for others...MAKE SURE you’re wearing helmets, especially when there is loose rock, potential for rockfall, etc...EVEN if it’s on the approach, better safe than sorry.

17-JUN-2017 - GLACIER CLimb - SNOWFIELD PEAK/NEVE GLACIER

Branch: Seattle
Activity Committee: Climbing
Activity Category: Trip
Incident Type: Major
Incident Category: Slip, Fall - Slip (not resulting in a fall)
Injury: Ankle
Terrain: Trail

Report:

LEADER
On the way out from a Snowfield Peak attempt at 5:30 p.m. Sunday June 18, 2017, a party member slipped on a wet, decomposed log that had was lying across the trail and fell awkwardly breaking her fibula just above the ankle. Search and rescue was immediately notified via an InReach GPS device. The ankle was wrapped by members of the climbing party and later splinted by search and rescue.

The remaining two intermediate students and two basic students hiked the remaining two miles to the Pyramid Lake trailhead to meet with search and rescue. I remained with the injured climber at Pyramid Lake, the sight of the accident.

At 6:30 p.m. a search and rescue helicopter appeared over the lake and I walked out on a log in the lake and signaled to them. They returned shortly after 9 p.m. and lowered two rescuers into a very small opening in the forest. I met the rescuers and led them to our injured climber's location on the other side of the lake. They did a quick medical assessment and then asked me if I could get her to the extraction sight. I assisted the injured climber in getting to the extraction sight. She was placed into a screamer suit and extracted via helicopter.

I gathered her gear and mine and hiked to the trailhead and met with the rest of my climbing party at 10:30 p.m. The helicopter had dropped our injured party member off a short distance from the trailhead and the other members of the climbing party had already picked her up. I then drove her to the Swedish Hospital emergency room in Seattle. She received treatment and was picked up and transported home by her husband.

[Lessons Learned]
This was simple a case of fatigue and bad luck. She attempted to step on the low-lying log itself instead of stepping over it. The kind of log crossing that is experienced on almost every hike and climb. The fall was very short (no more than 16 inches).

17-JUN-2017 - BASIC ALPINE CLimb - SLOAN PEAK/CORKSCREW ROUTE

Branch: Everett
Activity Committee: Climbing
Activity: Climbing
Activity Category: Trip
Incident Type: Major
Incident Category: Slip, Fall - fall (travel a distance)
Injury: Ankle
Terrain: Snow - technical, glacier, rope needed
Report:

LEADER
We were roped and belaying with pickets across a steep snow slope on the south side of Sloan Peak near 7200’ at about 3pm (past the glacier, on the Corkscrew section) when one of the climbers fell. He describes that his foot stuck into the snow and stuck, and his fall wrenched it. He ended up breaking an ankle bone and is now splinted with crutches.

Our team members helped him hobble over to a rocky spot on the ridge south of the glacier where we could wait for rescue on dry ground. I activated my PLB and we gathered some group gear, and then I sent the other two rope teams back down the route while the three of us on our rope stayed with the injured climber awaiting help. The helicopter buzzed us about 7 pm but couldn’t locate us in the cloud cover so we spent the night. The injured climber was on a pad and in a full bivy with extra clothes.

SAR rescuers arrived about 8:30 am Sunday to transport him on a litter across the glacier and down to the saddle between Bedal and Sloan where the helicopter was able to pick him up at about 6pm.

Thankfully our 10 essentials, roped belaying, and group cooperation made the situation as good as possible.

PARTICIPANT 1
On the decent one member, on a steep and thin snow field, appeared to slipped back a few feet over a thin area and broke through to rocks below, severely injuring his leg when it struck rocks in the hollow under the snow. It was painful enough that he could not put any weight on it, and could not negotiate the steep and difficult terrain. I had witnessed the incident, but could not see the lower part of the person from my vantage point.

We had been belaying people across several steep snow fields with exposure, the surface snow as soft and wet, making positive footholds difficult to kick in deep enough for a reliable footing, and crampons were often balling up with the wet surface snow making it difficult for the spikes to penetrate deep enough into the underlying firm snow. Minor slips were common on the afternoon snow fields and on the glacier.

Most of the members of the group has successfully navigated across this thin section of snow field. The thin area could be seen since it was at the edge of the snowfield, everyone, including the injured person, has avoided stepping on the thin part of the snow, but he appeared to slip back a few feet when above this area and broke through, injuring his lower leg on the exposed rocks in the hollow below. He was on belay, but the slip was not long enough for the rope to stop him from sliding down a few feet onto the thin snow.

The injuries did not appear life threatening, nor at any time was any one exposed to life threatening conditions.

He was assisted while on belay over to an area suitable for bivouac, off the snow. and plans were made for two team members to spend the night with him in an emergency bivouac. the trip leader triggered an emergency beacon to request an evacuation.

There was adequate cold weather gear, extra food and supplies for an over night stay. the remaining two rope teams were to descend and reach a place with a phone signal and make contact with the rescue authorities and our emergency contact, and to give details and affirmation that assistance was necessary.

[Lessons Learned]

LEADER
The best prevention for our climber’s fall would have been waiting a month to do the trip when the trail along the steep heather slopes was fully melted out. Thankfully we were roped and using pickets to belay teams or his fall might have continued down to a heather bench or on over the cliffs below. However we had the gear to call for rescue and for three of us to unexpectedly spend the night fairly easily and send the rest of the team on safely.

PARTICIPANT 1
This just looks like bad luck. Other than avoiding the thin snow cover (not always possible) I do not know of any piece of equipment
or change in procedure that might have prevented the injury. Shin guards like those used in soccer come to mind, but not sure that would have worked.

Cautionary lessons:

1. Even relatively minor slips or incidences could result in injuries severe enough to cause a group on a day trip to spend a cold bivouac in deteriorating weather conditions before rescue can occur. Despite the desire to go light”, there should always be enough gear and extra food to keep you warm in the worst weather you might encounter. In this case they spent a night on an exposed ridge, in winds during a snow storm, in mid June.

2. The emergency beacon summoned a sheriff's helicopter in only a few hours, though the weather conditions at the bivouac site did not allow for an evacuation. It would have been useful to have a way of communicating with the helicopter or other rescue personnel, for they had no way of knowing the extent of the injuries nor the level of assistance needed. There was no phone signal anywhere along this particular route, only after returning to Darrington could a phone call be made.

Attached photo is approx location of where the injury occurred. Bivouac site is in background where large boulders are present where the team in waiting for the remaining members to cross the last snow field before the glacier

PARTICIPANT 2
Perhaps I could have put in more pickets.

8-JUL-2017 - GLACIER CLimb - LITTLE TAHOMA/EAST SHOULder

Branch: Seattle
Activity Committee: Climbing
Activity Category: Trip
Incident Type: Major
Incident Category: Slip, Fall - ice axe arrest needed / attempted
Injury: Arm
Terrain: Snow - steep, ice axe or poles recommended

Report:

LEADER
On Sunday July 9, 2017 we had just completed a successful summit of Little Tahoma and broke camp at 4:30 p.m. and began the hike back to the trailhead when a member of my party slipped and fell (5 p.m.) on a moderate snow slope and failed to arrest. It was a very slow, long slide and the climber almost came to a complete stop twice before speeding back up again. In total the climber slid 400 vertical feet down the snow slope before rolling across a 6 foot section of exposed rock and moat and coming to a stop in a flat area. We immediately contacted emergency services via an Inreach GPS device and via cell phone and a helicopter was immediately dispatched.

The climber never lost consciousness and immediately communicated that he was injured and needed help (several members of the party had negotiated the slope much faster and were near the area where the climber had come to a stop). The first two members of the party reached the climber within a couple of minutes of the fall and immediately went to work to stop the bleeding on a puncture wound on the climbers left forearm that he said was caused by his ice ax. The climber also reported a leg injury, he believed that the leg not was broken but it was just sprained. The climber was alert and in good spirits when I arrived to assist. I bandaged the puncture wound on his forearm and removed the tourniquet that had been initially applied and the bleeding stopped.

The climber was placed in a sleeping bag and cared for while we waited for the emergency response.

One hour after the accident a helicopter dropped a medic who did a full assessment of the injured climber and he determined that the climber would be air lifted to a nearby ambulance and transported to a hospital for treatment. At 6:30 p.m. the injured climber was flown out and transported to the emergency room at Good Sam Hospital in Puyallup, WA.

We were able to contact the injured climber’s wife and he was able to speak to her while we were waiting for the helicopter to
arrive. The incident was also reported to the Mountaineers emergency line. I hiked out with the rest of the climbing party and drove to Good Sam to take the climbers gear and personnel effects to his wife who was at the hospital with him when I arrived.

The climber was in still in good spirits and stable condition with no life threatening injuries, but the doctors had at that time discovered that he had broken a disk in the lumbar region on his back (L4) but that no spinal damage had occurred and that they expected him to make a full recover from his injuries.

The climber reports that the spinal injury is minor enough that no surgery will be required just some physical therapy and a back brace while it heals.

The climber had crampons on. He also had a heavy pack, we had just broke camp and were traveling down a Snowfield just below the high camp when the climber slipped and fell.

[Lessons Learned]

The climber was a basic student who had struggled off and on with snow travel skills throughout the day. I had placed pickets the whole way down from the summit until we reached the gentle slopes of the lower Whitman and Frying Pan Glacier because all of the students on the climb were struggling with the steep upper slopes of Little Tahoma. The climber has size 15 boots and complained several times that he was not able to use the steps that were being kicked by other climbers because his feet are too big.

The accident itself happened on a moderate snow slope that was soft and in great condition for both plunge stepping and self arrest (see attached photo). The accident could have been prevented by proper self belay technique or proper self arrest technique after the fall occurred (I slipped and fell shortly before the injured climber did and arrested immediately without any difficulty). During the long slow slide, the injured climber never was able to get on top of his ice ax. The ice ax was extended out in front of him above his head during the entire incident. Both myself and my rope leaders were yelling at him to get on top of his ax as he slowly slid down the slope. When I asked him why he didn't get on top of his ice ax he said that his heavy pack prevented him from doing so.

The only thing I could have done differently and will do in the future is spend more time vetting the basic climbers that I allow to come on my trips. I had 2 basic students on the climb that where not skilled enough for a climb as challenging as Little Tahoma. They did well on the way up to the summit but struggled on the way down (I hadn't climbed with either student prior).

Going forward I will require all members of my climbing party to have gone on one of my snow scrambles or easier climbs prior to signing up for anything that is technical 3 or above so that I can have the opportunity to assess their mountaineering skills prior to taking them on a difficult climb.

PARTICIPANT 1
Glacier groups should not go on ice on which participants do not feel that they can safely self-arrest. If snow is not soft enough for self-arrest, the group should wait in safety until it softens before proceeding if it is absolutely necessary to.

PARTICIPANT 2
I would ask for leaders to have a better way of being able to vet student competencies and skill level before a climb to improve safety and success of climbs. This will promote optimal leadership within the mountaineers. This was a technical and strenuous climb, and 3 our of 4 students were not able to do this climb with competence, confidence, and the snow/glacier skill required.

PARTICIPANT 3
I don't believe the club has students arrest with fully loaded overnight packs during any of the field trips as an official requirement. If this is the case, the club may want to include that as a requirement.

The leader stressed the importance of good ice axe placement for self-belay to avoid the need to self-arrest. The snow was soft enough to enable good plunge stepping. I think the only thing that could have prevented this incident is better preparation on the part of the participant.

11-AUG-2017 - GLACIER CLIMB - MOUNT SHUKSAN/FISHER CHIMNEYS
Branch: Tacoma  
Activity Committee: Climbing  
Activity Category: Trip  
Incident Type: Major  
Incident Category: Slip, Fall - ice axe arrest needed / attempted

Injury: Knee  
Terrain: Snow - technical, glacier, rope needed

Report:

LEADER
Our Shuksan/Fisher Chimney climb was going to be a three-day climb. We obtained a permit to camp two nights up at high camp located just before getting on the Curtis Glacier. However, there was significant weather coming in on our third day and we decided to summit, return to camp pack up and head down either to camp at Lake Ann or out to the TH depending on how tired we were. We did not want to climb in the rain. We all made the summit and got back to camp around 2:30 - 3:00 which was much later than I expected, but we all packed up and started down.

We got down through the first two chimneys and everyone stated they were still feeling good. We got to our first snowfield to cross. We had to climb up onto the snowfield and maybe take 10 or 15 steps to cross an area that was steep but it quickly became flat. I had everyone get their ice ax out and wanted to check the conditions to see if it has become icy or hard. One member got up on the snowfield and stated it was still soft and looks good. Next, a rope leader got up on the snowfield next, took one step and slipped and fell. She tried to arrest but because of her backpack she wasn't able to roll over. She slid down the snowfield about 150 feet. It was still very soft snow. However, when she hit the talus field she rolled about 3 times on the rocks. Her backpack hit the talus field first which took the brunt force.

She laid there for a second before moving. I immediately grabbed my backpack and crossed the snowfield and headed down to her. I told her to just sit there and not move I will be right there. By the time I got to her she was standing and walking in my direction. I had her sit on a rock, took her backpack off and did a full assessment. She was alert and oriented, able to move all extremities. She had multiple scratches on her hands, arms, left side of her face, and one large laceration on her left knee. She was able to bend her knee and bear weight on that leg. No numbness or loss of feeling in her legs or arms. No difficulty in breathing no signs of head trauma. We placed band-aids on some of her wounds on her hands. I bandaged up her knee with a 4x4, kerlex roll and an ace bandage to give her support. She was answering all my questions appropriately and she stated she is able to keep hiking out.

We took weight out of her backpack and shared it with the rest of the group. We decided to keep hiking out as long as she still feels like she can. She is very tough, despite her injuries she still wanted to keep moving. We hiked the entire way back to the TH arriving around 11:30pm. We all kept checking in on her and reassessing her condition. I was worried about any internal injuries and most of all head injury, but no signs of either one. Once out we drove back towards Seattle, however, we had to stop and sleep a couple of hours in the car. We all were way too tired to continue to drive.

I took her to Evergreen Hospital Emergency Department to be assessed. By this time it is about 12 hours after she had fallen. This fall is considered Trauma so she needed to have a full assessment done. Evergreen Hospital perform CT scan on her head and x-ray of her left knee, which all came back normal. They cleaned her wound and she ended up having 13 stitches. She was started on antibiotics because the wound was large and had been open which increase the chance of an infection. Besides her laceration on her knee the only other complaint was her neck due to the whiplash.

I have been in contact with her that last two days and she is feeling much better. Neck pain has diminished and her knee is healing fine.

PARTICIPANT

This happened when we were descending the Fisher Chimneys. We stopped at the bottom of the second chimney. We did not have crampons on, because we have just finished down climbing. Below us was a moderately steep snow slope and after it a rocky slope. There was a moat between the bottom of the chimney where we stood and the snow slope. There was an easy way to climb up from
the moat to the snow. One of our climbers climbed up on the snow and said that she can see the path. She went a little further on that path on the snow.

Our assistant leader also climbed up from the moat onto the snow to look. She had her backpack on and her snow axe. The bit of snow near the moat was steeper than the overall slope. She slipped on it and slid down the slope for about 15 meters, until she reached a rocky slope. She rolled on the rocks several times. I did not see how she slipped: the top of the snow above the moat was not visible for people standing close to the moat on the rocks. After she slid I stepped up a little on the snow and saw her slide on the snow and roll on the rocks.

[Lessons Learned]

LEADER
I was very impressed with this whole group. They all were very strong and we worked well as a team. I believe one reason she fell was because we were tired from summiting that day and we knew we had a long way to go. I should have required everyone to put on crampons, but we all crossed it on the way up without crampons and no one had any difficulties. I should have been the first person up on the snowfield to assess it. I believe we all felt it was such a short distance and the snow was soft that we wouldn't have any problems crossing it.

There was one more snowfield and a moat to cross but we were able to skirt around both of them and not put ourselves in a situation that could result in another fall. We all were very cautious and continued to assist each other in the harder sections.

Every time I go out I always have lessons to learn. My insight here is that with any basic group I need to be extra cautious and just put on my crampons, set up extra belays just because you never know. The injured climber is an intermediate climber, and I have climbed with her many times. I wasn't worried about her at all, but it doesn't matter how good you are accidents can still happen.

Spending the extra night would have been better. We all would have been well rested, but with the weather coming in it would have made it more difficult to get down.

PARTICIPANT
Always take care when stepping on the snow, even if it does not appear icy or slippery or does not appear steep. It is better to have crampons on for any travel on snow slopes, even on slopes that are only moderately steep, especially, where the runout may not be good - broken rocks, and not flattening snow. The snow close to moats may be icy and very slippery. Make all efforts to self arrest ASAP, but, of course, when you are in shock and in an uncomfortable position, you may not succeed. Therefore, we all need to practice self arrest.
28-Jan-2017 - Winter Scramble - Mount Kent (winter)

Branch: Seattle
Activity Committee: Scrambling
Activity Category: Trip
Incident Type: Significant
Incident Category: Slip, Fall - ice axe arrest needed / attempted
Injury: Shoulder
Terrain: Snow - steep, ice axe or poles recommended

Report:

LEADER
On the descent from Mount Kent on Saturday January 29th, I slipped on crusty ice and slid 40' feet first. While arresting, my arms were drawn above my head. The resulting pull strained my right arm and likely dislocated my shoulder. Further downslope I fell on my arm, resulting in more pain. Then later down on gentle terrain, I instinctively grabbed a tree branch which dislocated the already strained shoulder.

No scrambling for me for several weeks and likely lots of PT.

[Lessons Learned]

None Reported

18-FEB-2017 - WILDERNESS NAVIGATION FIELD TRIP - STUDENTS AND INSTRUCTORS - HEYBROOK LOOKOUT & RIDGE

Branch: Seattle
Activity Committee: Navigation
Activity Category: Field Trip
Incident Type: Significant
Incident Category: Slip, Fall - Slip (not resulting in a fall)
Injury: Hand
Terrain: Off-trail, cross-country

Report:

LEADER
At about 2:20 PM, elevation about 2000' on the sweep line: An instructor dislocated a finger. His left index finger was bend at a strange angle and swollen. Responders applied a splint and escorted him to the catch line. He was able to complete the trip.

[Lessons Learned]
Everyone was aware that the snow cover made for poor footing. I’m not aware of anything that might have prevented the incident, other than the instructor simply not slipping/falling in the first place.

The only untoward outcome was programmatic: the sweep line should have been "re-composed" once the injured instructor and his companion separated to go down the hill. Even though the sweep captain was aware of the incident and was one of those rendering first aid, this (re-composing the line) was not done.

28-MAY-2017 - MOUNTAINEER PLAYERS - KITSAP FOREST THEATRE

Branch: Mountaineers
Activity Committee: Players
Activity Category: Event
Incident Type: Significant
Incident Category: Slip, Fall - Slip (not resulting in a fall)
Injury: Hand
Terrain: Developed spaces, campgrounds, fields

Report:

LEADER
I (Prop Manager) was standing on a metal folding chair for 3 seconds to put a cord on end of big umbrella balloon. I was stepping off the front of the chair when the chair started sliding backwards. So I fell backwards onto the chair and ground. I broke my wrist in three places.

The wrist was wrapped and splinted by a nurse, and was taken by wheel chair to car for ride to Emergency Room.

[Lessons Learned]
This was a preventable accident that happened shortly before show time. I should have stood on something more stable and I should have had a spotter - since the site was sloping dirt.

4-JUN-2017 – SCRAMBLE EXPERIENCE FIELD TRIP - BEAN CREEK BASIN

Branch: Seattle
Activity Committee: Scrambling
Activity Category: Field Trip
Incident Type: Significant
Incident Category: Slip, Fall – injury caused by movement
Injury: Leg
Terrain: Trail

Report:

LEADER
A scramble student attending the alpine scramble experience FT, twisted her left ankle while hiking on Bean Creek trail. The trail was dry, no snow. The incident happened just above the Bean Creek crossing. I was the sweep for the day as we exited the activity and found her and her spouse moving rather slowly with 1/4 mile left to exit the trail. She indicated she was in some pain but could walk out on her own, thus declining further assistance walking or getting back to the TH.

Actions taken: I remained with the injured scrambler and her spouse. I took her backpack and we helped her walk out. She declined
further assistance of having her husband piggy back her out or that we could have her hold onto our shoulders. Once back at the TH, I examined her ankle and noted no discoloration but a little swelling. She still noted a lot of pain upon any touch. Wrapped the ankle with an ace bandage and provided her with ice bag. We carried her to her car and helped her get into passenger seat. Recommended she see an MD due to the amount of pain she was having upon any touch.

Follow-up with student: I have exchanged several emails with the student and spouse. She learned today that she has a non-displaced f/x of the Tibia. She has additionally medical appts pending.

[Lessons Learned]
LEADER

The accident may have happened no matter what. However, I think as a group we needed to make a better assessment of the situation early on and not just take the word of the student that they were OK.

17-Jun-2017 - Alpine Scramble - Hibox Mountain
Branch: Seattle
Activity Committee: Scrambling
Activity Category: Trip
Incident Type: Significant
Incident Category: Slip, Fall - ice axe arrest needed / attempted
Injury: Shoulder
Terrain: Snow - steep, ice axe or poles recommended

Report:

LEADER
Descending Hibox, June 17, 2017 (5600'-5800' elevation)
1st year, strong male scrambler slipped while plunge stepping on surprising firm snow: 2" soft on top of firm that would break 3"-8" with serious, toe raised, heel plunge.

Scrambler’s email to me best describes his actions:
After the fall I immediately turned to the right into a self-arrest position and tried to self-arrest. After 3-4 seconds I succeeded digging in my ice axe, but I had already accumulated enough speed (my weight is ca 185 lbs and on that day my backpack was ca 25 lbs) so that a sudden stop caused my hands to be full extended. An anterior dislocation of my right shoulder happened as a consequence. I remember clearly feeling my right shoulder "popping". Therefore I continued sliding down for 2-3 more seconds before being able to fully stop myself, stabilize, kick in steps, and stay in a self-arrest position.

First Aid Fix:
3-4 minutes after incident, Assistant Leader brilliantly applied first aid and "popped" scrambler's shoulder back into position. Scrambler emailed immediate and few day good outcome:
- all the pain disappeared and I was able to successfully walk myself out while fully using my right arm.
- Didn’t take any NSAIDs because of the lack of the pain, no visible bruises, no visible swelling or anything else indicating the necessity (both on the day of the incident and on a day after).
- Next day status: soreness in the right shoulder, full sensation, full motor control in finger, performing exercises to slowly get back the full range of motion.

[Lessons Learned]
1. Everyone needs to stay current with their ice ax arrest skills. 1st year students really need more practice on steeper, firmer snow than what was available on the perfect, sunny, deep soft snow field trip.
2. Several senior scramblers thought microspikes were adequate call based on weather conditions. At carpool, entire group voted for microspikes so I agreed with group vs defaulting to crampons. Assistant Leader and I thought reasonable call even after 2 incidents.
Personally, I normally default to extra weight and safety, but thought I should accept team’s vote backed by very senior scramblers. Next time, I may be ultra conservative, but NOAA did not show night time freeze temperatures that entire week: 34F 2-3 hours 4-5 days earlier.

22-JUL-2017 - BASIC ALPINE CLimb - ELDORADO PEAK/INSPIRATION GLACIER

Branch: Tacoma
Activity Committee: Climbing
Activity Category: Trip
Incident Type: Significant
Incident Category: Hit, Struck, Cut - hit/cut - natural object
Injury: Knee
Terrain: Snow - nontechnical

Report:

LEADER
Student punched through the snow near rocks and hit his knee. The impact split his knee open.

[Lessons Learned]

Try to avoid crossings snowfields where rocks are showing through.

26-JUL-2017 - SEA KAYAK - QUILCENE BAY TO TOANDOS PENINSULA

Branch: Seattle
Activity Committee: Kayaking
Activity Category: Trip
Incident Type: Significant
Incident Category: Slip, Fall - hit/cut - natural object
Injury: Hands
Terrain: Off-trail, cross-country (beach)

Report:

LEADER
I was co-leading this kayak trip, on Hood Canal. During a break on a beach, I tripped on oyster beds on the beach and fell to the ground, lacerating both hands. With the help of the other participants, I applied gauze and bandages and got the bleeding to stop shortly.

The group accompanied me back across Hood Canal to where my car was parked with 2 of the members towing me in my kayak. I was able to drive independently. I encouraged the leader to resume the trip with the group, and I was able to successfully drive back to Seattle. I went to the ER at Swedish Medical Center on First Hill, where my wounds were treated. I received a total of nine stitches on my right hand, and there was no damage to my hands detected other than the skin lacerations.

[Lessons Learned]
Wearing gloves while kayaking is one result that I will implement from this episode. All members of the group have resolved to do an inventory of their first aid kits to make sure they have adequate gauze, bandages, etc. We had adequate supplies, as a group, but it took a while for us all to pool our resources.

29-JUL-2017 - GLACIER CLIMB - SAHALE PEAK/QUIEN SABE GLACIER

Branch: Seattle  
Activity Committee: Climbing  
Activity Category: Trip  
Incident Type: Significant  
Incident Category: Slip, Fall - Slip (not resulting in a fall)  
Injury: Ankle  
Terrain: Trail  

Report:

LEADER  
At the very beginning of the trip one of the participants twisted her ankle on the trail, about 5 minutes from the cars. It was before sunrise with headlamps. She wasn't paying attention and the trail had a few dips which were hard to see. She stepped into one, twisted her ankle, then fell lower off the trail. She tried continuing for a couple minutes but had to turn around. Her husband was on the trip and he accompanied her.

They turned around and went home. They went to see a doctor, it was just a sprain.  

[Lessons Learned]  
None Reported

29-JUL-2017 - GLACIER CLIMB - SAHALE PEAK/QUIEN SABE GLACIER

Branch: Seattle  
Activity Committee: Climbing  
Activity Category: Trip  
Incident Type: Significant  
Incident Category: Slip, Fall - Slip (not resulting in a fall)  
Injury: Knee  
Terrain: Off-trail, cross-country  

Report:

LEADER  
I slipped on a wet rock slab and hit a knee on the rock. It didn't start to hurt until almost back at the cars. It didn't impact the trip outcome at all.

I got an x-ray after I got home and the bones were fine, just a lot of swelling in the knee.  

[Lessons Learned]  
None Reported
29-JUL-2017 - GLACIER CLIMB - SAHALE PEAK/QUIEN SABE GLACIER

Branch: Seattle
Activity Committee: Climbing
Activity Category: Trip
Incident Type: Significant
Incident Category: Hit, Struck, Cut - rock fall, rock movement
Injury: Leg
Terrain: Off-trail, cross-country

Report:

LEADER
On the descent, right after the rappel, a person above me knocked a small-ish rock down, it fell about 15 feet, and it hit my leg. She yelled "rock" but I couldn't get out of the way fast enough. It hurt a LOT for a minute or so, then felt better. There was no blood or visible issues, so I continued. A few hours later at the cars after I took off my sock, there was a 1" diameter bloody scab, and there was a lot of swelling. I got an x-ray after I got home and the bones were fine, just a bone bruise.

PARTICIPANT
I accidentally kicked a rock down on the descend and it hit the leader in the ankle. He said he was okay after we stopped and accessed his condition. He had some bruising around the area when the rock impacted, but he was in overall good shape when we reached the cars.

[Lessons Learned]

PARTICIPANT
We could have stayed a bit closer together so that we could have shortened the distance the rock rolled before hitting him.

26-AUG-2017 - BASIC ALPINE CLIMB - MOUNT LOGAN/FREMONT GLACIER

Branch: Everett
Activity Committee: Climbing
Activity Category: Trip
Incident Type: Significant
Incident Category: Slip, Fall - fall (travel a distance)
Injury: Knee
Terrain: Off-trail, cross-country

Report:

LEADER
When attempting to obtain our permit for the Thunder Basin camp there were no fire closures listed in the area but the rangers said the area was closed for fire. This forced us to choose our backup climb of Cosho/Kimtah.

We decided to camp at the Ragged Ridge camp to avoid losing several thousand feet of elevation from Easy Pass. This requires a reported 1.5 miles of cross country side hill travel, mostly class 2 with very short class 3 steps on traverse. Time estimate from Easy
Pass to camp is 1.5 hours. Several members of the team were struggling with side hilling and it took us 5.5 hours to reach camp. Upon reaching camp and assessing the condition of the team, while knowing that we had a longer more exposed traverse ahead of us to the Col between Cosho and Kimtah, I told the team that I was cancelling the climb and that our only objective for the second day would be to get back to the main trail and home safely. There was no dissent from the group. After a leisurely breakfast the next morning (08/27/17) we packed up and headed out around 8:30AM.

With nobody wanting to endure the side hilling back to Easy Pass, I opted (based on Summitpost beta and GPS Topo Map) to take a different scramble route down to the main trail from camp. Finding our way out while never exceeding class 2 terrain was going well and it was much better than the side hilling option, but there were sections of steep vegetated terrain with many Marmot holes. Having been in similar situations I warned the group to be extra cautious of these holes as they sometimes can't be seen in the vegetation.

Around 9:45AM as we reached the final short vegetated slope before our rock field exit, a student stepped on the top of a marmot hole. As the top half of the hole collapsed she had no friction on the hill and slid 6-8 feet down the hill the the top of the rock field.

I asked if she was OK and after the third repeat question she said "I felt my knee pop" but was able to immediately stand and walk over to me. After some short discussion with her about the pain level and stability of her knee, we decided to keep moving. Shortly after the fall we reached a flat area where she used an ace bandage to wrap her knee, no swelling was noticeable, but she said that it was sensitive and that she had taken Ibuprofen.

The group took a large portion of her gear to lighten her load and we continued down to the main trail without further incident. Student was able to hike about 6 miles (1500' gain, 2800' loss) back to the Easy Pass trail head by 2:45PM and the group went for early dinner in Marblemount. After dinner the injure climber was noticeably limping and said she would go to a Walk In Clinic the next morning.

She notified me today (08/28/17) that she has been to the doctor and that it was diagnosed as a knee sprain. She was told to rest for 1 week.

[Lessons Learned]
1 : Calling the ranger station ahead of time may have allowed time to research more backup climb options, but I do not know when the fire closure went into affect as it's still not listed.

2 : While the terrain chosen was within the ability of the group, it was tedious, and fatigue certainly played a role in the incident.

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**02-SEP-17 - OPEN COASTAL KAYAKING CLINIC - HOBUCK BEACH**

**Branch:** Tacoma  
**Activity Committee:** Kayaking  
**Activity Category:** Clinic  
**Incident Type:** Significant  
**Incident Category:** Boating - hit/cut - equipment, tool  
**Injury:** Knee  
**Terrain:** Water - large bodies, fresh or salt

**Report:**
LEADER
While attempting to enter his boat, a kayaker was straddling his boat and a wave pushed his boat into his knee. He informed me of the injury immediately. I assisted his launch, and he was able to paddle back to camp un-assisted. He iced the injury that evening and took anti-inflammatory medication. I advised he seek medical attention, and he told me today that he has an appointment to see his physician.

[Lessons learned]
We had discussed (and practiced) launching the day before. He was aware of the power of the waves. We can assist launches every time, but then students don't learn to launch on their own, which is a skill an open coastal paddler should have.

24-SEP-2017 - INTRODUCTION TO LEADING ON BOLTED ROUTES WORKSHOP - MOUNTAINEERS TACOMA PROGRAM CENTER

Branch: Olympia  
Activity Committee: Climbing  
Activity Category: Field Trip  
Incident Type: Significant  
Incident Category: Injury: Ankle  
Terrain: gym, artificial climbing walls, sports area  

Report:

LEADER
A student was climbing on an artificial outdoor climbing wall during a sport climbing course activity. The individual was lead climbing. The goal for the day was learning how to fall on lead cleanly/correctly. The individual purposefully took a lead fall and when coming back to the wall their ankle impacted the wall resulting in an ambulatory injury to their ankle. The individual completed the remainder of the day doing ground practice and belaying.

STUDENT
On September 24, 2017, I was a student in the "Introduction to Leading on Bolted Routes Workshop - Mountaineers Tacoma Program Center. While we were in Tacoma, I was in a class of Olympia Mountaineers. I got injured, initially did not check "safety incident" on the feedback form (won't explain my thinking on that), but wrote about it in a different spot on that form. The Olympia climbing chair suggested I do this and let the leaders review it.

So here's what happened: We were practicing falls while leading a route on the outside walls at the Tacoma Center. I had climbed and clipped in on two previous one to do lower falls, and successfully "took" a fall twice at a lower level. The instructors guided me up for my third fall, wanted me a body length above my last clip, and directed me to the spot to drop, with my feet next to the clip (maybe a little higher, can't remember for sure). I was obviously worried about it and hesitated a lot, and had the leaders advising how to get in the frame of mind and stating it would be safe, to not grab the rope as I go, etc.

When I dropped, my right ankle and foot got hurt, somehow jammed harder than the other, and it began swelling up. I couldn't put much weight on it, when I did it hurt. I could hobble around. I went to the doctor the next day, and it was swollen and sprained, with bruising on the right side off ankle and left bottom of foot. X-ray did not show any fractures.

I got prescription for a month of physical therapy. In the second week, they were concerned it didn't seem to be clearing up as well as expected, I went to the doctor again, who then scheduled me for a podiatrist this Friday. It's been 16 days and I still have considerable pain when crunching the ankle or extending the foot, pointing the toes all the way out), especially going down steps and down hill, with pain across the top of the foot and where the top of the foot meets the ankle. I had crutches for a couple of days, but general flat walking is fine.

[Lessons Learned]
LEADER
Climbing on lead is inherently dangerous. Climbing a more overhanging route could have mitigated the impact taken on the fall due to falling into space. On the other side of that is, can the student climb an overhanging route? If not, this skill is prudent to safe sport climbing, and falling still remains a hazard and is more hazardous on non-overhanging routes.

STUDENT
On the accident itself, I clearly wasn't prepared and practiced enough. If this highest drop is to remain part of the class, to prevent it happening again, I would recommend more practice at a lower level and putting emphasis on bending the knees as the student is coming back to the wall to absorb some of the impact (my doctor said most people my age are avoiding sudden impacts to their skeletal structure, not volunteering for them! I'm 65).

I wonder, too, if the highest drop is necessary to get the concepts of falling, and whether or not repeated practice on lower drops could do it, or if the highest drop could be only for volunteers but not an expectation of the class. I'm not sure how critical it is to the class to drop from as high as I did.
Two reports of Near Misses are not listed. They concerned serious “lack of skill” issues and were handled by the activity chair.

### 21-JAN-2017 - INSTRUCTOR REVIEW - MOUNTAINEERS SEATTLE PROGRAM CENTER

**Branch:** Everett  
**Activity Committee:** Climbing  
**Activity Category:** Seminar  
**Incident Type:** Near Miss  
**Incident Category:** Safety Concern – Equipment Issue  
**Injury:** None  
**Terrain:** Building  

**Report:**  
**PARTICIPANT**  
For first rappel off roof, when checking anchor, found carabiner attached to wall unlocked. Don’t know if the instructor did that so I would catch it... I did not notice him doing that, as I was standing there.

**[Lessons Learned]**  
None reported

### 21-JAN-2017 - WINTER SCRAMBLE - QUARTZ MOUNTAIN (WINTER)

**Branch:** Seattle  
**Activity Committee:** Scrambling  
**Activity Category:** Trip  
**Incident Type:** Near Miss  
**Incident Category:** Hit, Struck, Cut - Avalanche  
**Injury:** None  
**Terrain:** Snow - steep, ice axe or poles recommended

**Report:**  
**LEADER**  
We were attempting a winter scramble of Quartz Mt via the east gully. The approach was pleasant and without incident. The forecast was for moderate avy below tree line and considerable above. While the route was below tree line, due to the nature of a gully route we were considering the conditions to be considerable and on the look out for any surface activity.

Upon entering the gully there was avy debris visible but upon inspection it was clearly at least 2-3 days old, most likely coming down before or during the rains on Thursday. There was no recent avalanche activity and the snow was quite solid and stable in the gully.

At approximately 3200' I asked the person in the lead to wait for the group, now fairly spread out, so we could regroup and have everyone start using ice axes, as the terrain was steepening. He waited for us above and to the right of an RV sized boulder in the middle of the gully. As I was approaching him I heard a loud sound and he begin shouting avalanche.
Running to the left and behind the boulder several of us begin shouting to the group below to run to the sides of the gully and out of the way of the slide. The slide was primarily in a narrow 10'-15' wide stream down the middle of the gully but was preceded by large snow and ice chunks. The party was able to avoid the snow slide itself but one Scrambler was hit in the head by a large snow chunk as she was traversing climbers left out of its way. Once the slide stopped (I would guess this took about 2 minutes for the snow to completely stop) the group immediately moved Scrambler to side of the gully and begin administering first aid.

The Scrambler's injuries were primarily contusions and scrapes around her right eye. She was coherent and did not have any vision problems nor did she appear to have suffered a concussion.

After icing the injury I instructed the group to descend keeping 30-40 yards between each person until we reached the bottom of the gully and out of any potential avalanche danger. The descent down the gully and back to the cars went without incident."

[Lessons Learned]

This one has me stumped. From the time we entered the bottom of the gully, had the accident, provided first aid, descended, and had a lunch break at the bottom of the gully where we could still view the entire route, the ONLY snow activity of any kind was this small avalanche. Otherwise there was no recent activity in the last several days.

The slide did not originate in the gully as person in lead noted it came through the trees on the climbers left straight at him and then curved down the gully before reaching his position. Almost all rock faces/slabs that were visible from the gully were snow free, or mostly snow free. The conditions that day were not uncommon for what winter scrambles often encounter.

As best I can tell, this was just a fluke slide off a rock slab out of sight that somehow managed to not release days earlier when everything else did and we happened to be in the wrong spot in the gully when it released. Had it released 30 minutes earlier we would have been too low for it to be a serious danger to the group and 30 minutes later we likely would have been entirely above it.

18-FEB-2017 - WINTER SCRAMBLE - SOURDOUGH MOUNTAIN (WINTER)

Branch: Seattle
Activity Committee: Scrambling
Activity Category: Trip
Incident Type: Near Miss
Incident Category: Safety Concern - route conditions, route-finding, lost, overdue
Injury: None
Terrain: Trail

Report:

LEADER
As always, the trail had a few downed trees and one of these was sufficiently denuded of bark and branches (with a slippery surface) such that upon being disturbed it accelerated downhill at a great rate. Fortunately, in our case no one was snagged by the rapidly moving tree.

[Lessons Learned]
I believe I checked the tree for solidity before I stepped over it so I have no explanation as to what triggered it (the persons near it when it was triggered were quite a way back in the party). It’s possible someone stepped on it (rather than over it) such that their weight broke off whatever had held it in place previously.

When crossing these trees be very sure they are adequately attached or that you give them a wide berth.

**4-MAR-2017 - DAY HIKE - DES MOINES CREEK PARK**

**Branch:** Tacoma  
**Activity Committee:** Hiking  
**Activity Category:** Trip  
**Incident Type:** Near Miss  
**Incident Category:** Logistics, Equipment Issues, Party Issues - OTHER  
**Injury:** None  
**Terrain:** Road

**LEADER**  
The battery on a participant's car went dead at the trailhead before we started our hike. At the end of the hike I provided jumper cables so a jump could be done from another car. That allowed the participant to get home safely.

[Lessons Learned]

The lesson learned is that it is a good idea for someone in each hiking group to have jumper cables in their car. This was an urban hike, but it would have been a more serious matter if it occurred at a backcountry trailhead.

Perhaps people with older, less reliable, cars should not be driving on hikes.

**5-MAR-2017 - BELAY PRACTICE FIELD TRIP - PRIEST POINT PARK**

**Branch:** Olympia  
**Activity Committee:** Climbing  
**Activity Category:** Field Trip  
**Incident Type:** Near Miss  
**Incident Category:** Logistics, Equipment Issues, Party Issues - equipment issue  
**Injury:** None  
**Terrain:** Developed spaces, campgrounds, fields

**Report:**

**LEADER**  
The Texas Prussic station hangs from cargo straps between large Doug Fir trees. This year a new group of people was assigned to setup the station and the straps weren't properly wrapped around the trees. In the past they were wrapped once around the tree at the ratchet end to distribute the load better between the strap and the tree. This resulted in the ratchet buckle releasing and dropping 4 students to the ground from 3 to 4 feet up. No injuries were reported.

[Lessons Learned]
You need to have carry over with the setup crew from year to year. It's OK to add new people but make sure they have had experience with the setup in the past. Replace straps and equipment at intervals.

Redundancy is taught in all of our anchors. This one was not backed-up. The logistic leader and I had just talked about the age of the equipment and look at making a request to replace it.

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**18-MAR-2017 - SNOW 1 FIELD TRIP - OLYMPIA BASIC CLIMBING - PARADISE - PARADISE AREA (WINTER)**

**Branch:** Olympia  
**Activity Committee:** Climbing  
**Activity Category:** Field Trip  
**Incident Type:** Near Miss  
**Incident Category:** Slip, Fall - ice axe arrest needed / attempted  
**Injury:** None  
**Terrain:** Snow - steep, ice axe or poles recommended  

**Report:**

**LEADER**  
Our group was practicing sitting glissade. The slope we were on was not particularly steep. The snow was deep, soft and very wet from rain.

While demonstrating technique an instructor casually used his heels to maneuver and reduce his speed. His leg appeared to get sucked into the snow and got stuck there. His momentum carried the rest of his body downhill, twisting the stuck foot, ankle and leg beneath him. Thankfully he came to a stop.

He carefully called to the rest of us for assistance, stating very clearly that he needed to be pulled uphill. We go up there quickly and did so. It took several minutes to extricate his leg and foot from the snow. The snow had somehow solidified into a concrete like state around his limb.

We dug his foot and leg out with hands and gingerly with ice axes. I was amazed how firmly compacted the snow had become around his leg, and how difficult it was to get his foot out. Our group MOFA lead worked with the victim to ensure there was no injury, and thankfully there was not.

Close call, could have had a serious knee injury had the slope been steeper or if he had been moving faster. We modified instruction at that point ensuring that we did not dig our heels into the snow. We did all self arrest practice "heels up" simulating wearing crampons, instead of what we normally do, which is dig in with our feet as part of the arrest.

**[Lessons Learned]**  
When instructing snow travel highlight the risk of hyper extension as a mechanism of injury. Discuss evaluating the snow and method of travel and keeping speed under control to prevent hyper extension.

We modified instruction at that point ensuring that we did not dig our heels into the snow. We did all self arrest practice "heels up" simulating wearing crampons, instead of what we normally do, which is dig in with our feet as part of the arrest.

Best Practice: During a fall in the mountains, always dig in with feet, even while wearing crampons.

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**18-MAR-2017 - BASIC CLIMBING - ROCK 1 FIELD TRIP - MOUNTAINEERS SEATTLE PROGRAM CENTER**

**Branch:** Everett
Activity Committee: Climbing
Activity Category: Field Trip
Incident Type: Near Miss
Incident Category: Safety Concern - party issues - conflict, misunderstandings, organization
Injury: None
Terrain: Building, climbing wall

Report:

PARTICIPANT
I was at the 'belay from above' station.

* I top rope the climb up to the belay station.

* I clove-hitch in to the anchor and clip my Personal Anchor.

* At this point I know I am anchored to the belay station.

* I call OFF BELAY

I look over the edge to try and get visuals on whether my climbing partner has me off belay so I can start taking up rope.

My climbing partner takes me off belay AND then unclips his own clove hitch from the ground anchor system. In the same step.

I do not remember if he removes the PA.

I instantly call down to him to stop but he's already out of the system.

The instructor inquires why I am yelling to my climbing partner.

I indicate that I do not have him on belay AT ALL - I have not taken up any rope, I have not set up my munter, nothing. My only call to my climbing partner, the only thing he knows about my system, is that I would like to be off belay and am safe at the chains.

The instructor indicates that they have not been checking for this step. I do not mention this to make a dig on the instructor. I mention this to corroborate my safety concern. I have no concerns about the instructor’s judgment of the situation.

I proceed with taking up rope and put my climbing partner on a munter belay.

He is unable to complete the climb to the belay ledge after multiple attempts.

He puts me back on belay off an ATC and I am lowered as I have completed my portion of the exercise.

I am hard-pressed to consider the practice of untying from the anchor a valid step BEFORE knowing you are on belay (in this case, as the 2nd climber).

If this were a multi-pitch situation, then that is undeniably and unmistakably a real safety concern. I was treating the exercise as a multi-pitch scenario, given that was I was belaying from above.

If this were a situation where the 2nd was still on the ground, about to start Pitch 1 of a climb, I do not necessarily believe the 2nd would be anchored in at all? And even so, best practice is STILL to stay anchored until you know your belayer has you on belay before starting a climb.

I know these safety assessments are situational. But staying tied into the anchors, or using lockers to set up an anchor are just best practice things. If given the two options, one is always the superior (and safer) decision."
[Lessons Learned]

Presenting each skills test within the context of real-life situation might prove useful in the future.

Am I following the leader, or belaying from above, as if it were a multi-pitch climb? If so, am I operating as if this were ground to Pitch 1, or something like a Pitch 2 ledge up to Pitch 3?

And I still believe best practice emphasis should be given to using lockers at anchor stations and always staying tied into the anchors until you know you are safe in the hands of the belayer. We do this check on the ground before starting our first climb. Why would we ever change that safety check?

25-MAR-2017 - TACOMA EXPLORERS SNOWSHOE - PARADISE AREA (WINTER)

Branch: Tacoma
Activity Committee: Youth
Activity Category: Field Trip
Incident Type: Near Miss
Incident Category: Logistics, Equipment Issues, Party Issues - party split
Injury: None
Terrain: Snow - nontechnical

Report:

PARTICIPANT
A boy (around 9yo?) asked the leader if he could go look at the other group’s igloo and was granted permission. He set off alone despite his not knowing where he was going as the other group was out of sight.

My daughter asked to go just after this and I interjected to tell her that she couldn’t go alone, I would go with her. We didn’t know the location of the other igloo group either but flowed the general point that the boy followed. On our way we saw the boy walking back towards us, fortunately he used good judgement by turning around since he didn’t know where to go.

Indeed the other igloo wasn’t far, just over a rise in the snow. However, children should not be allowed to venture alone out of site, in the snow especially.

This incident made me very nervous about allowing my children to attend such field trips without my being there.

[Lessons Learned]

Children should not be permitted to go alone out of site. Group leaders should be more vigilant.

1-APR-2017 - WILDERNESS NAVIGATION FIELD TRIP - STUDENTS AND INSTRUCTORS - HEY BROOK LOOKOUT & RIDGE

Branch: Seattle
Activity Committee: Navigation
Activity Category: Field Trip
Incident Type: Near Miss
Incident Category: Safety Concern - driving issues (including personal vehicle)
Injury: None
Terrain: Road

Report:

LEADER
Two first time instructors were assisting direct incoming Heybrook Ridge FT participants from eastbound US HWY2 across the westbound lane to the marshaling area. The westerly instructor waved an eastbound student vehicle across the path of an oncoming westerly vehicle. The easterly instructor failed to give the crossed light wands signal to indicate, "Do not proceed." The westbound vehicle braked, and the student vehicle crossed safely into the marshaling area.

[Lessons Learned]
One signaler was trained/mentored earlier but body position was facing east, rather than facing south to more easily detect both an oncoming westerly vehicle and a student or instructor signaling intent to enter the marshaling area. The westerly signaler had not rehearsed the infrequent event of needing to halt lane crossers.

When short on experienced traffic managers, move an experienced vehicle parker (if available) to roadside for the more urgent need.

15-APR-2017 - WINTER SCRAMBLE - DAMNATION PEAK

Branch: Seattle
Activity Committee: Scrambling
Activity Category: Trip
Incident Type: Near Miss
Incident Category: Illness or Personal issues - lack of skill, preparation, conditioning, fatigue
Injury: None
Terrain: Snow - steep, ice axe or poles recommended

Report:

LEADER
Due to avalanche danger higher on the ridge (we hit wind deposition at 3900’ on the ridge with 40 degree slopes either side) I elected to turn the group back. The descent to Damnation creek was steep in places but mostly in the 20-30 degree range. It was at this point that several issues immediately rose.

1 - it was discovered that one climber had lost his ice axe off his pack somewhere on the ascent. the snow was hard but it was doable to kick steps for descent and he made it down without slipping.

2 - Another climber, while proficient on ascent on steep snow was exceptionally tentative and slow on the descent, VERY SLOWLY backing down most of the upper half of the ridge, mostly on slopes in the 20-25 degree range with no appreciable hazard. Even backing down, her technique was so poor as to make me worried she was going to slide out of her steps and need to rely on self belay so she didn't slide into a tree at times. It took considerable coaching to get her to turn and face down hill and plunge step in balance on even the easiest of slopes.

3 - A third climber developed significant problems with his IT Band on his left leg. He is a physician and knew how to stretch/massage it to decrease the pain but it caused significant delays on the return trip at times as he had to repeatedly stop to rub and stretch his leg.
There were no injuries to anyone as a result of the trip but had we completed the ascent, and thus had steeper slopes, and much more distance, to descend, all three of these could have each lead to a more serious incident.

[Lessons Learned]
Pretty much never saw any of this coming and everyone on the trip were grads, most with a number of years of experience.

21-APR-2017 - ALPINE SCRAMBLE - GRANITE MOUNTAIN (WINTER)

Branch: Seattle
Activity Committee: Scrambling
Activity Category: Trip
Incident Type: Near Miss
Incident Category: Safety Concern - Avalanche
Injury: None
Terrain: Snow - steep, ice axe or poles recommended

Report:
LEADER
This scramble was planned for Denny Mt, but when we got to the Alpental parking lot we were informed by employees of the ski area that they would be grooming the slopes and doing avalanche control work and that we could not go up Denny. So we heading over to Granite Mountain as our backup plan. I had chosen Denny (and Granite as a backup) because I had placed a premium on organizing an early season scramble that would include good places for students and rusty scramblers to practice their self-arrest skills. With all of the warm rain we had had all week in Seattle, I had not considered that there would be fresh snow on the mountain tops. The weather forecast for Friday was for a warm and sunny day.

NWAC did not publish their avalanche forecast until late Thursday evening. It indicated that the risk were "considerable" above tree line (and "moderate" below). I did not see the forecast until right before going to bed. In retrospect, I should have immediately planned a backup to the backup and headed for either Humpback or Cave Ridge, both of which are safe all-in-the-woods scrambles but they offered no chance to practice self-arrest skills.

We climbed up Granite, sticking to ridgelines. We discovered that there was about 2 inches of new snow. We saw several day-old avalanches. We ran across a pair of skiers descending in the early morning who warned us off the mountain, saying that with all the solar heating and new snow, avalanches were all but certain in the afternoon. We discussed stopping at the first slope steep enough for self-arrest practice, practicing for an hour, and going home, but the group was unanimous about wanting to continue to the summit, as long as we could stay on ridges.

I had noticed on the way up that there was a region, around 4800 feet, where the 2 inches of new snow was poorly adhering to a crust underneath.

We reached the summit and were rewarded with outstanding views. On the way down, we took a zig-zag path: we would glissade for a bit (which tends to take you off the ridge crest), then traverse back to the ridge crest and glissade again.

At about the 5000 foot level: I was glissading in front of everyone else. I kicked off a wet slough avalanche that took the top two inches of loose snow. I was able to dig my heals into firm snow and stop. The wet slough avalanche continued down another 50 feet to a slight bench. The next student moved 20 feet to my right and proceeded to glissade. The same thing happened. At that point, I
gathered us all together to discuss how to proceed. Looking around, I noticed that there was a fresh avalanche in the neighboring bowl that started at about our elevation and went down hundreds of feet.

We immediately formed a single line and traversed to the nearest ridge. Every few feet, our footsteps would kick off a wet snow slough. We must have set off several dozen avalanches. Some of the sloughs we set off grew quite large and descended several hundred feet, gaining speed and flowing into the trees at the bottom of the bowl. It was quite exciting watching all these rivers of moving snow. We kept an eye above us to see if anything was coming down on us, but there was nothing above us to trigger anything. Even descending on the ridge line, we kicked off avalanches, but they moved down the fall line and away from the ridge crest.

As things turned out, we were fine. But had we descended a bit farther, had we been a bit farther spread out, it might have been possible that part of the party above could have triggered an avalanche onto part of the party below.

[Lessons Learned]

The obvious lesson is to stay away from obvious dangerous mountains, like Granite, when the avalanche danger is considerable.

I have gone through the AIARE avalanche training. I lead a lot of winter scrambles. I have a reputation for being very cautious about avalanches. I know the pitfalls of group think and of being lulled by blue sky and everything going well. And yet despite all that, I somehow ended up where I should not have been.

22-APR-2017 - WILDERNESS NAVIGATION FIELD TRIP - STUDENTS AND INSTRUCTORS - HEYBROOK LOOKOUT & RIDGE

Branch: Seattle
Activity Committee: Navigation
Activity Category: Field Trip
Incident Type: Near Miss
Incident Category: Safety Concern - party split
Injury: None
Terrain: Off-trail, cross-country

Report:

INSTRUCTOR
One instructor reported extreme difficulty navigating the blowdown on the sweep line of the final problem. He became separated from colleagues and appeared at the catch-line some 10 to 15 minutes after the last students arrived. He reported that he had blown his whistle to attract attention and that he determined the catch line must be at a lower rather than higher elevation.

Questions:

--Were instructors briefed that 180 would get them "home?"

--Was his fitness (physical and cognitive) assessed before the launch?

--How did either-siders not notice he was no longer with them?
[Lessons Learned]

None reported

13-MAY-2017 - ADVENTURE CLUB - CLIMBING - VANTAGE (FRENCHMAN COULEE)

Branch: Seattle  
Activity Committee: Youth  
Activity Category: Trip  
Incident Type: Near Miss  
Incident Category: Safety Concern - lack of skill, preparation, conditioning, fatigue  
Injury: None  
Terrain: Rock - technical, rope & protection needed

Report:

LEADER  
While we were climbing on the south side of the Feathers, one of our instructors noticed that the party climbing next to us had a strange anchor set up for their top-rope. On closer look, we realized that their anchor was a non-locking carabiner at the end of each chain, with single webbing loop going through both non-locking carabiners, and the rope was running directly through the webbing loop. After a bit of consideration and pointing out to some of the kids on leadership, our instructor decided to chat with the couple, explaining that the rope will melt through the webbing and he would highly recommend having a piece of hardware in between webbing and rope. When the climber got to the top, he cleaned the anchor and commented that yes, our instructor was right - it was beginning to melt through the webbing.

Back at camp that evening, we shared the story with the entire group as an opportunity to teach about assessing anchors, and how to respectfully help other parties without sounding like a know-it-all. At that point, one of our youth said "Oh my gosh I climbed on their rope. They were so nice, and they seemed like they knew what they were doing!"

We then discussed the need to assess other parties' systems and ensure one of the leaders has confidence in their system before climbing on someone else's rope.

[Lessons Learned]

We generally try to role model camaraderie as part of our crag ethic. We pull ropes when not in use, we offer other parties to use our rope if we're climbing in the same area, and we encourage sharing ropes to create a positive climbing environment. The lesson here is that kids (and people in general) don't know what they don't know. This could have been avoided if we had been clear and specific that we only share ropes with parties whose skill and systems have been assessed by one of our staff or volunteer leaders.

This story ended well with no one getting hurt, and great teaching moments for all involved, including the other climbing party. But had it not ended well, it could have been hugely traumatic for everyone. Evidence that reporting and learning from near misses needs to be a critical part of our risk management practices.

20-MAY-2017 - ALPINE SCRAMBLE - SNOQUALMIE MOUNTAIN

Branch: Seattle  
Activity Committee: Scrambling  
Activity Category: Trip
Incident Type: Near Miss
Incident Category: Slip, Fall - ice axe arrest needed / attempted
Injury: None
Terrain: snow - steep, ice axe or poles recommended

Report:

LEADER
On May 20, 2017, I led a scramble up Snoqualmie Mountain. The lower portion of the route was in the trees where the snow was hard and icy in places. All of the participants, except for the assistant leader and me, were students on their first scramble.

During our descent, one of our students slipped and was unable to arrest. He tumbled about 30 feet before being stopped by some small trees. He was not injured.

I was above him and while trying to get down to him too quickly, I also slipped and was getting into arrest position when I also was stopped by a small tree after sliding less than 10 feet. I also was not injured. I stayed with him the rest of the way down to give him some extra guidance and we got back without further incident.

[Lessons Learned]
Perhaps the conditions on this day on this route were not appropriate for students on their first-ever scramble. I’m not sure whether microspikes would have helped in the particular spot where the fall occurred. There were multiple times when many of us, including the student, slipped but were held by a good self-belay. Another factor may well have been fatigue.

In retrospect, given the potential conditions and the lack of experience in the group, it might have been better to approach from the Commonwealth Creek side, which is not nearly as steep. Or, I could have considered another destination.

29-MAY-2017 - BASIC ALPINE CLIMB - SOUTH EARLY WINTER SPIRE/SOUTH ARÊTE

Branch: Seattle
Activity Committee: Climbing
Activity Category: Trip
Incident Type: Near Miss
Incident Category: Safety Concern - lack of skill, preparation, conditioning, fatigue
Injury: None
Terrain: Rock - technical, rope & protection needed

Report:

LEADER
The two basic climbers on this climb are very nervous climbers on Rock or scrambling. One is very, very slow, nervously talks the whole time while rock climbing (and even before starting the climb the rock climb), is often unfocused, was nervous on each rappel (even after stating that was one of her strengths) and slowed the climb down significantly! However, she was strong on the approach and on snow.

The other student’s rock climbing skills are ok when rope up but he was very nervous and occasionally froze on class 3 & 4 rock scrambles. However, his navigation skills were very strong and he helped with approach route-finding significantly.
They both made it to the summit with the skills, patience and coaching from their climb leaders, but it was an exhausting and stressful climb for all participants. We nearly had to descend in the dark due to the slowness of these two climbers. They both made it to the summit so I gave them credit for the climb, but I thought I should write something that has a warning that both students should have more practice climbing at the Gym, and outside in a controlled environment to improve their speed and skills before attempting another rock climb.

[Lessons Learned]

None reported

3-JUN-2017 - CREVASSE RESCUE FIELD TRIP - MOUNT RAINIER LOWER NISQUALLY GLACIER

Branch: Olympia
Activity Committee: Climbing
Activity Category: Field Trip
Incident Type: Near Miss
Incident Category: Safety Concern - lack of skill, preparation, conditioning, fatigue
Injury: None
Terrain: Snow - technical, glacier, rope needed

Report:

INSTRUCTOR
A student presented some issues with belaying and generally not paying attention to the rope team.

While performing a backup safety belay for a "fallen" climber during crevasse rescue practice field trip, he dropped his brake hand so the "fallen" climber was no longer on belay and he could take pictures and do other things on his phone.

I talked with the climber being belayed after the field trip and she said she was very uncomfortable and had reminded herself that the crevasse rescue team had her secured. (I talked with the fallen climber and told her she should have communicated with her belayer that she was uncomfortable and to put her back on belay or leader tie-off.)

The problem student didn't have the safety of his team in mind when he was belaying and practicing his skills. Understanding that he has had issues with being on his phone when he should be watching his teammates or performing other skills during field trips, his lack of focus on the rest of the team presents a significant safety issue should he do this while on a real climb. No injury happened this time.

[Lessons Learned]

None reported

4-JUN-2017 - SEA KAYAK - PORT GAMBLE BAY

Branch: Tacoma
Activity Committee: Kayaking
Report:

PARTICIPANT
I have seen guidance for kayaks to have bladders in the bow and stern baffles. I fill in the remaining void of my plastic Necky with bladders for safety per guidance. One kayaker had a wood kayak with magnets holding hatch covers that had rubber gaskets. He did not have any bladders at all. I mentioned this because I saw water in his supposed waterproof compartments.

[Lessons Learned]
I recommend that leaders make all participants do a kayak check along with personal clothing checks, PFDs, emergency kits, etc. Reading off a list and everyone saying ""check!"" for each item. As a beginner, there's always something.

17-JUN-2017 - ALPINE SCRAMBLE - HIBOX MOUNTAIN

Branch: Seattle
Activity Committee: Scrambling
Activity Category: Trip
Incident Type: Near Miss
Incident Category: Slip, Fall - ice axe arrest needed / attempted
Injury: None
Terrain: Snow - steep, ice axe or poles recommended

Report:

LEADER
A first year scramble woman lost footing, slid and only stopped when she grabbed a tree. No injury and recovered from being spooked.

[Lessons Learned]
1. Everyone needs to stay current with their ice ax arrest skills. 1st year students really need more practice on steeper, firmer snow than what was available on the perfect, sunny, deep soft snow field trip.

2. Several senior scramblers thought microspikes were adequate call based on weather conditions. At carpool, entire group voted for microspikes so I agreed with group vs defaulting to crampons. Assistant Leader and I thought reasonable call even after 2 incidents.

Personally, I normally default to extra weight and safety, but thought I should accept team's vote backed by very senior scramblers. Next time, I may be ultra conservative, but NOAA did not show nighttime freeze temperatures that entire week: 34F only.
Note: Radiation cooling can freeze the surface even if the temperatures are above freezing.

23-JUN-2017 - INTERMEDIATE ALPINE CLIMB - BONANZA PEAK/MARY GREEN GLACIER

Branch: Tacoma  
Activity Committee: Climbing  
Activity Category: Trip  
Incident Type: Near Miss  
Incident Category: Hit, Struck, Cut - rock fall, rock movement  
Injury: None  
Terrain: Rock – nontechnical

Report:

LEADER
Party induced rockfall. Member of the team was hit by incidental rockfall on the descent. Member was hit by a rock in the side, just missing the backpack. Member was not significantly injured, suffering only some soreness around the left rib area.

Party was descending class 4/class 3 rock, which entailed some downclimbing between rappel stations. Injured member was the first to rappel from the first rap station, had completed the rappel and was downclimbing to the next rap station. No first aid or other treatment was needed.

[Lessons Learned]

Constantly reevaluate the changing mountain environment as the day progresses.

24-JUN-17 - ADVENTURE CLUB - MULTIPITCH WEEKEND – LEAVENWORTH

Branch: Seattle  
Activity Committee: Youth  
Activity Category: Youth activity  
Incident Type: Near Miss  
Incident Category: Logistics, Equipment Issues, Party Issues - party split  
Injury: None  
Terrain: off-trail, cross-country

Report:

LEADER
On June 24th as part of a joint Leavenworth trip for Seattle and Tacoma branch youth programs (Pioneers, Explorers and MAC), one group of Pioneers and MAC went to Roto Wall for the day.

The group parked at the Mad Meadows parking lot and hiked over to Roto Wall, where an instructor set up ropes. The kids practiced climbing and belaying for a while – it was a 90+ degree day but we were cool in the shade which everyone appreciated. At one point I saw two MAC climbers bouldering around on the rocks directly to the right of Roto Wall, and when I asked what they were doing, another MAC climber answered “rock hopping”. This was a perfectly acceptable thing for them to do while waiting for another route since no one was needing them to belay. I walked over to help one of the kids on the far-left side of the wall.
About 5-10 minutes later, I walked back over to check on the two MAC climbers and to see if they wanted to get on a rope, and they were out of sight. I asked another MAC climber where they went and she said “they went up. I doubt you’ll find them.” A volunteer parent and I exchanged glances and I told him I was going to scramble up and call them back down. I scrambled up to the top of the first rock band and did not see them. I decided to move right and continued to scramble uphill and right (towards domestic dome and the mad meadows parking lot). It was extremely hot and I was aware that I did not have water with me. After about 20 minutes looking for them, I scrambled down the far side of Domestic Dome and ran back via the road to Roto Wall.

When I returned to Roto Wall, the volunteer parent and a Mac participant were getting kitted up to start a search. They were pleased to see me and we re-grouped. An added minor component was that there was also a small guided group at Roto Wall, and we made an effort to keep the emergency away from them.

The volunteer parent is on Mountain Rescue, and he and the Mac participant had a plan to leave a walkie talkie with another parent who was comfortable manning the crag.

They took a rope and 3L of water each, and a first aid kit. They made a plan to go left, since I had gone right. They would not go on terrain they needed more than a hand line for, and they would be gone for 60 minutes, returning by 2:30 at the latest. If the two youth were not found by 2:30 we would call search and rescue. We knew that one of the missing participants was a very experienced and fit scrambler, so we weren’t worried about their technical skills. The other participant is much younger and has a history of seizures, and we were very concerned about heat exhaustion. We knew they did not have water with them. Because of the extreme heat, we made the decision that 2:30 would be our Search and Rescue call time.

While our two searchers were out searching, I would go to Playground Point, where another group of ours was climbing, to let two other staff members know what was happening. I told the parent stationed at Roto Wall I would also be back by 2:30 at the latest. Knowing there was some cell phone service at Playground Point, I texted one of our leaders at Playground Point to meet me at the trailhead if possible, since I was pretty tired from my preliminary search.

The leader met me at Mad Meadows, and I shared with him what was going on, and asked him to relay that information to the trip leader, which he ran up to do. He is one of our physically strongest leaders, and so knowing that the Playground Point group was okay without him, he returned to come with me to help with whatever was needed. We had time before 2:30 so drove up and down Icicle Road, checking 8-mile campground which was our destination for the night.

Not finding the missing MAC climbers, we returned to Roto Wall, where the two missing MAC climbers had shown up around 1:50. When our missing MAC climbers had returned, the parent stationed at Roto Wall had been able to radio our search team that they could turn around. Fortunately, the search team did not have to search for long in the heat.

I had a conversation with the two MAC climbers; asking them about the rules, asking them to discuss their judgment and planning and letting them know the impact their decisions had on others. That night at the campfire, we had a discussion with all of the youth about the reason for the rules and the importance of staying with the group.

[Lessons Learned]

What went well:

• Adult to youth ratio was sufficient for supervision and to execute a search

• Each leader had an accurate roster of each crag and hike so we knew where everyone was at all times, and where to find one another

• Our secondary search plan was effective.
What did not go well:

• I should have turned around once I did not see the missing MAC climbers rather than continuing up and right to search for them the first time, without making a plan with the other adults at the crag.

• Communication: We only issued walkie talkies to the multipitch climbers, figuring there was no point in having them at the crags.

• Pre-planning – we did not review roles and responsibilities at the beginning of the day. If we had reviewed leader and alternate leader, first aid lead, and boundaries and expectations, this might have been avoided or at least better executed.

• One of the missing MAC climbers joined the trip at the last minute and has been very disengaged with the program throughout the year. Statistically (at the Y anyway, which is my background), incidents happen much more frequently with guests and rental groups – people who are not familiar with the institutional protocol and culture. While he has been in the program for 3 years, his disengagement made this almost predictable.

Recommendations:

• We have created a pre-trip checklist for all leaders of youth programs to cover at the trailhead or crag in the morning with their group to facilitate the pre-planning process.

• While the youth know the rules for going away from the immediate vicinity (party size of 3-6, must get permission, go exactly where you say you’re going to go, and return at the time agreed upon), and they know that they will lose this privilege if they mess up (and therefore almost always follow it reliably), we only cover this during the first few trips of the year until it becomes part of our culture. We have now created a “zero tolerance” form for both parents and youth to understand that breaking this particular rule as well as a few others will result in immediate send-home and a probationary period. The rules won’t change but the communication and severity of consequence will.

• We will more strictly enforce the participation requirements, including not letting youth join on trips at the last minute.

25-JUN-2017 - ALPINE SCRAMBLE - VESPER PEAK

Branch: Everett
Activity Committee: Scrambling
Activity Category: Trip
Incident Type: Near Miss
Incident Category: Slip, Fall - ice axe arrest needed / attempted
Injury: None
Terrain: Snow - steep, ice axe or poles recommended

Report:

LEADER
Group of 7 successfully summited Vesper Peak. We were descending to the cars. Snow in Headlee Pass chute was steep, but generally soft. Reminded the group about plunge stepping. I was near the back of the group closely watching the slower, more tentative members of the group. One of our party, out in front of me, notified me that one of our scramblers had slipped and self-arrested. The scrambler said he was OK and was comfortable continuing. The other party members said that the snow appeared to
be remaining consistent to the bottom of the slope and that they were not concerned with continuing to the bottom. I began moving more quickly down the slope to confirm the other scramblers assessment.

The scrambler then slipped again and slid about 30' down the slope onto the dirt and scree at the base of the snow. He quickly got up. Other party members descended to him and did a quick assessment of his condition. They confirmed that he appeared fine other than a small scratch on the back of his right arm. He could move all his arms, legs, neck, and back without pain.

He and a couple other members of the party then elected to descend down the dirt and scree until the snow slope lessened. We continued back to the cars without incident.

Upon our return to the cars, the scrambler informed me that he had hit his helmet on a rock when he fell. He said he didn't have a headache and said he felt fine. I told him to let me know if anything changed in how he felt. I saw him about an hour later at the Park and Ride and he appeared fine.

I believe this is a near miss.

[Lessons Learned]

The scrambler was wearing hiking boots. Mountaineering boots are more appropriate when ascending and descending steep snow. Shouldn't have let him go on the trip due to his footwear. This would have been a difficult conversation due to people walking past, as we changed boots, wearing tennis shoes.

We did have a group conversation regarding boots, at the cars, when we finished the trip.

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6-JUL-2017 - BASIC ALPINE CLimb - THE TOOTH/SOUTH FACE

Branch: Seattle  
Activity Committee: Climbing  
Activity Category: Trip  
Incident Type: Near Miss  
Incident Category: Hit, Struck, Cut - rock fall, rock movement  
Injury: None  
Terrain: Rock - technical, rope & protection needed

Report:

LEADER
While descending the Tooth, a basic student on rappel dislodged a large rock. It fell 10-15 feet and pinched one strand of the rope below, severing it clean through. The Other Rope Lead and a basic student were secured to the next anchor at the bottom of the rappel and spotted the now-cut tail at the bottom of the rappel and they alerted the rappeller to stop immediately. He stopped 6-8 feet above the cut end of the strand and about another 8-10 feet above the ledge where the Other Rope Lead and I were waiting.

At this time, I asked the rappeller to knot the two strands together below his autoblock as a "disaster knot" and climb back up to a ledge just above his location (bringing his belay device and autoblock up as he went). I rappelled down to the ledge and anchored to a cordalette around a tree, eventually scrambling down to the rappel anchor that the others were at.
Like a sharp knife cutting with ease, the rope was severed. It’s the only incident that I have ever encountered while rappelling that caused me great concern. I have never witnessed anything like it before. Without the climbers below notifying the rappeller, high might have kept rappelling without looking at his rope and slipped through. The team really came together to ensure the safety of the group.

Everyone made it back to the trailhead safely and without further incident.

PARTICIPANT
A climber on rappel dislodged a piece of rock the size of a small computer or a VCR. It fell 10-15’ and pinched one strand of the rappel rope against a thin ledge on the second to last rappel on the descent, severing it clean through.

A rope leader and I were secured to the next anchor at the bottom of the rappel and spotted the flaccid tail at the bottom of the rappel and the cut end below the rappeller, and we alerted the rappeller to stop immediately.

He stopped 6-8 feet above the cut end of the strand and about another 8-10 feet above the ledge where we were waiting.

He was able to knot the two strands together below his autoblock as a stopper, climb back up to a ledge just above his location (bringing his belay device and autoblock up as he went).

The remaining two climbers rappelled down to the ledge and anchored to a cordalette around a sturdy tree, eventually scrambling down to the rappel anchor that we were at.

Everyone made it down safely thanks to quick action and clear decisions from the leaders.

[Lessons Learned]

PARTICIPANT
In the event of rockfall below you on a rappel, inspect the ropes below you (both visually and by flicking the strands with your brake hand to see if they move together) and enlist the aid of parties with a better view, if any. Repeat the inspection if any portions of the rope were out of view.

7-JUL-2017 - INTERMEDIATE ALPINE CLIMB - MOUNT BUCKNER/NORTH FACE

Branch: Tacoma
Activity Committee: Climbing
Activity Category: Trip
Incident Type: Near Miss
Incident Category: Hit, Struck, Cut - rock fall, rock movement
Injury: None
Terrain: Rock - technical, rope & protection needed

Report:

LEADER
Party Induced Rockfall.
After finishing rappel off Boston Peak member cleared to the side to leave the fall line below the rappel route. As last member was getting ready to rappel several rocks fell. Member was struck by a small rock in the upper left arm that did not require any treatment.

Assessment. Boston Peak is known for having loose rock so rockfall was a known risk factor. All climbers were wearing helmets. Party had utilized a double-rope rappel (60m) to reduce the number of rappels that would be needed to descend (there were 3 established rap stations but the party only needed to make one rappel). Party was sized to four climbers to reduce the risk of rockfall. Party cleared the bottom of the rappel path immediately after finishing the rappel.

[Lessons learned]

Reasonable precautions were taken, such as choosing full length ropes, wearing helmets and limiting party size to four climbers.

8-JUL-2017 - DAY HIKE - LAKE LILLIAN

Branch: Foothills
Activity Committee: Hiking
Activity Category: Trip
Incident Type: Near Miss
Incident Category: Logistics, Equipment Issues, Party Issues - party split
Injury: None
Terrain: Trail

Report:

LEADER

During my trip to Lake Lillian on July 8th, as we returned to the trailhead I allowed the group to spread out and follow their own pace on the downhill (one trail, no branches) with designated check-in points for the whole group.

One of the hikers on the trip was in front and became separated from the group when he missed a turn at a switchback and then continued off trail. When the group reached a designated check-in point, we identified him as missing and were able to contact him via cell phone. We had him remain in place and I led a sub-group back to locate him while my assistant leader remained with the main group.

He was unable to clearly explain where he got lost or why he continued off trail, but he was able to return to the main trail and was located in less than 10 minutes without injury.

[Lessons Learned]

Although spreading out represented little risk with regular check-ins, I should have required hikers to remain with a buddy of similar pace rather than traveling independently. Most people did this on their own, but without making it explicit there was the potential for a more serious incident.

18-JUL-2017 - BASIC ALPINE CLIMB - CHAIR PEAK/NORTHEAST BUTTRESS

Branch: Everett
Activity Committee: Climbing
Activity Category: Trip
Incident Type: Near Miss
Incident Category: Safety Concern - rock fall, rock movement
Injury: None
Terrain: Rock – nontechnical

Report:

LEADER
A climber descending a gully knocked at large rock, about two feet across (see picture), loose and toward the climbers waiting below. Initially the rock appeared to be going down the fall line and directly toward the climbers. Realizing this, two of them sprinted climber’s right to avoid the rock. About the same time the rock decided to bounce climber’s right directly toward them again. It bounced back toward the fall line and suddenly came to a stop just feet in front of where they were originally standing.

[Lessons Learned]

Although I was repeating loose rock warnings often, it might have been beneficial for me to have descended first and directly overseen group movement directing waiting climbers to find a safer spot and to tell descending climbers not to be directly over other climbers.

Another thing I would have done differently is made the least sure-footed individual descend first. The gully was at the bottom of a rappel and they rappelled in order of who was ready first. Also, it was not until later I found out the individual that knocked the rock down had some severe foot pain from an activity they did earlier in the week. This may have contributed to knocking the rock loose.

If I were to do this again I would reduce the number of participants to no more than four because of the rock fall hazard and I would keep the group together tighter on loose rock. I will also do a better job of getting participants to disclose any type of injury that might affect their performance.

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22-JUL-2017 - ALPINE SCRAMBLE - HAWKINS MOUNTAIN

Branch: Seattle
Activity Committee: Scrambling
Activity Category: Trip
Incident Type: Near Miss
Incident Category: Logistics, Equipment Issues, Party Issues - party split
Injury: None
Terrain: Off-trail, cross-country

Report:

PARTICIPANT
During the way down, we lost 3 members of the party as we did not stay together. The leader had most of them along with him as we were heading down a rock/scree field. The co-leaders took a different route and were not to be seen, as they were the last people and the two other leaders were sweeping. The group and the leader had to wait and couple of the group members went searching for them for a while before we headed down on the trail.

This was a not so good experience on a hot day, where we chose a round-about trail to Hawkins.
[Lessons Learned]
If anyone wants to take a different route, mention it to the person in front.

25-JUL-2017 - BASIC ALPINE CLIMB - INGALLS PEAK/SOUTH RIDGE

Branch: Olympia
Activity Committee: Climbing
Activity Category: Trip
Incident Type: Near Miss
Incident Category: Slip, Fall - rappel
Injury: None
Terrain: Rock - technical, rope & protection needed

Report:

LEADER
A basic climbing student was finishing his last rappel. He was near to the ground (within a foot), but slipped/lost his balance. It looked like he took a small pendulum into the rock next to him when off balance. He was unhurt.

[Lessons Learned]
I think the student was tired, and relaxed his guard as he reached the ground. Next time, I would encourage a student to maintain vigilance, even when the rappel is virtually over.

28-JUL-2017 - DAY HIKE - KENDALL KATWALK

Branch: Foothills
Activity Committee: Hiking
Activity Category: Trip
Incident Type: Near Miss
Incident Category: Slip, Fall - Slip (not resulting in a fall)
Injury: None
Terrain: Trail

Report:

LEADER
On the way down from Kendall Katwalk on the PCT, one of our party fell heavily after tripping on a root. This was about half way down at approximately 2:30 pm. He had complained of stiff, sore leg muscles on the way up, but I'm not clear if this contributed to his fall.

I was at the back of the 11 person trip sweeping so did not see the fall. Our first aid leader did see the incident and can give more details.

Subject was able to continue to the trailhead and said he was able to drive home. I contacted him the following morning and he reported that he was well.
30-JUL-2017 - BASIC ALPINE CLIMB - INGALLS PEAK/SOUTH RIDGE

Branch: Seattle
Activity Committee: Climbing
Activity Category: Trip
Incident Type: Near Miss
Incident Category: Safety Concern - rappel
Injury: None
Terrain: Rock - technical, rope & protection needed

Report:

LEADER
This leader is concerned with how basic students have used the extended rappel with autoblock on this climb and other climbs. Some students are rappelling with just one hand only (on the autoblock). This seems to be potentially unsafe if the climber slips/trips/whatever, because the natural instinct could be to grab onto the autoblock, and if you are only rappelling with one hand only, then you won't stop quickly and could "fall". The basic students have told me that they were taught to only use one hand.

Also, I have seen many extended rappels done improperly, including attaching the personal anchor to the harness belay loop instead of two hard points, and attaching the prussik for the autoblock to the leg portion of the harness, not the belay loop. The students are telling me there is great variation on how to do it, depending upon who the course instructor is.

[Lessons Learned]

Consistent teaching in the course of how to use the extended rappel with autoblock. I recommend having two hands on the rope.

Consider having a short section in the climbing course on the importance of properly hydrating AND eating/electrolytes, if this isn't already included.

Note: One hand on the autoblock is the standard technique.

02-SEP-17 - BACKPACK - INDIAN HEAVEN

Branch: Tacoma
Activity Committee: Backpacking
Activity Category: Trip
Incident Type: Near Miss
Incident Category: Safety Concern - fire danger
Injury: None
Terrain: Trail

Report:
LEADER
At 9 AM Sunday a major forest fire suddenly erupted about a mile south of our camp and required us to hike out soon afterward. The fire was near the trail we had hiked in on, so another backpacker camped near us led us out on an uncharted trail that he was familiar with. After we hiked out, the entire Indian Heaven Wilderness and surrounding areas were evacuated and closed. At last report the fire was still out of control and had consumed 1000 acres.

PARTICIPANT
There was a fire at East Crater, which we saw start. Our group did everything possible to help each other out, including assisting other backpackers on the trail. We evacuated as quickly as possible and no one was hurt. I think the incident was handled very well by the leader, as well as the group. It is now a wildfire over 1000 acres. It was not caused by anyone in our group, but it is important to know we were there for the incident.

[Lessons Learned]

LEADER
Research alternate routes for the event the entry route becomes blocked.

PARTICIPANT
Everyone worked together in our group and was able to help each other pack and carry bags for others so they could get out safely. People waited for each other, and we made sure the entire group was accounted for. I think for future it will be a good suggestion to have trip leaders carry satellite phones because if we could have reported the fire earlier, I wonder if this could have been prevented from becoming so big.

16-SEP-2017 - INTRODUCTION TO DECEPTION PASS - CURRENTS FOR THE CURIOUS OR THE CAUTIOUS!

DECEPTION PASS

Branch: Seattle
Activity Committee: Kayaking
Activity Category: Field Trip
Incident Type: Near Miss
Incident Category: Boating - water incident - capsize, immersion
Injury: None
Terrain: Water - large bodies, fresh or salt

Report:

PARTICIPANT
We started to cross DP as a group - the current looked fast to me (but I think 3 knots is fast). I was closest to the leader when we heard "swimmer" and looked back where the rest of the group was (about 20 yds away?) The assistant leaders were with the rest of the group. I think there was just one swimmer. I was directed to continue the crossing alone and go to the opposite shore. I did and was fine, just scared to be "out there" alone.

[Lessons Learned]

It seemed like the group got split very quickly, as I recall we were all together when we started the crossing.

Branch: Everett  
Activity Committee: Climbing  
Activity Category: Field Trip  
Incident Type: Near Miss  
Incident Category: Safety Concern - equipment issue  
Injury: None  
Terrain: Gym, artificial climbing walls, sports area

Report:

INSTRUCTOR
Some of the bolt hangars are loose at the top of the South Wall at the Program Center. There were also some loose holds. We tightened up some of the holds.

Is there a maintenance plan for keeping these things in good shape? Who is responsible for this? We could have tightened the nuts on the bolt hangars, but we were concerned that we were not supposed to do this - we did not have a good knowledge about what is backing up the bolts and were concerned about tightening them up too much.

[Lessons Learned]

None reported.

03-NOV-17 - URBAN ADVENTURE - FAIRBANKS, ALASKA

Branch: Seattle  
Activity Committee: Photography  
Activity Category: Trip  
Incident Type: Near Miss  
Incident Category: Safety Concern - driving issues (including personal vehicle)  
Injury: None  
Terrain: Road

Report:

PARTICIPANT
We were returning from the Northern Lights observation site in a multiple passenger van driven by the man who provided the site, and nearly hit an elk and calf on a snowy/icy road. The man's wife spotted the elk and sounded a loud alarm to her husband who's good driving skills kept us from hitting the elk.

My concern is that few if any of the passengers had been asked to fasten seat belts, and at least one passenger had earlier stated, "I'm not concerned." I am quite sure that if we had had an accident there would have been serious injuries due to this basic safety oversight. I should have spoken up myself but felt as if I'd been a "whiner" previously due to some health issues and felt I would be ignored so I kept silent. My bad.

[Lessons learned]

I should speak up. The leader should insist everyone wear seat belts.
9-NOV-2017 - DAY HIKE - MARGARET’S WAY

Branch: Tacoma
Activity Committee: Hiking
Activity Category: Trip
Incident Type: Near Miss
Incident Category: Slip, Fall - Slip (not resulting in a fall)
Injury: None
Terrain: Trail

Report:

LEADER
During the hike out, one of the hikers in our party tripped and fell down on the trail. She sustained no apparent injuries and had no problem hiking out the rest of the way. Due to recent stormy weather, some small tree branches had fallen on the trail in various places. She may have tripped on a small branch, but there was nothing I could see on the trail where she had fallen that looked hazardous.

[Lessons Learned]

LEADER

Encourage hikers to watch carefully where they step when there are tree branches across the trail.