

throwing up several times. By the next day I had no more food or water in my system and my throat felt like needles sticking it. The quickest way off the Diamond and back down at that time was to go the last 200 feet up, since we already had ropes strung to the top of The Diamond. We had been cleaning up the gear as we went up so we didn't have any gear set up below us. Since I was so sick, we didn't go to the top of the mountain, just the Diamond, then headed straight down to our base camp at Chasm View. We spent the night at Chasm View since it started to storm, then headed down to the boulder field the next morning to meet the Ranger and the horse. I tried to drink a little water, but would just throw it back up; my system would not hold even water down for very long.

I spent about six weeks training in Estes Park, Colorado, before the Diamond push. My cerebral palsy improved so much, I was doing things at the end of the summer I couldn't do at the beginning of the summer. This was my third attempt. The first two were turned back because of weather and time. The third time we allotted 10 days to do the climb in hopes of finding the correct weather window, so there was 'no attitude to summit at all costs' as stated.

Also, there was no ambulance involved. A friend took me to the hospital, where I was treated for food poisoning, which is what caused the low energy levels, nausea, and dehydration, not my cerebral palsy or the inability of my partners and me. When I got back down to the trailhead, my voice was almost gone so I wasn't able to give much detail on what happened to Jim Detterline.")

VARIOUS FALLS ON ROCK

Idaho, City of Rocks National Reserve

This year we only had four reported climbing accidents. Two of these came to our attention only because the parties involved stopped by the Visitor Center to ask for directions to the hospital.

Daniel Hansen (22) fell while attempting Dynamo Hum, a popular 5.10c on Transformer Wall. He missed the correct start and fell from about eight feet up, landing on an erosion control retaining wall. He fractured and dislocated his ankle. This terrace was intentionally positioned such that it would provide a good landing zone should someone come off the start of the route—but not so good a landing zone for Daniel's "variation."

The second accident—which was a self-rescue—happened to Ian McNeill, who sustained a hip injury falling from New Troy, a notorious 5.10cR on Super Hits Wall. We do not know the details, but a fall from the crux would result in a 20-foot-plus ground fall. McNeill may have overestimated his abilities.

The other two involved rescue efforts by City of Rocks personnel. The first one was to Jamie Aghain (35), who was scrambling down the gully from the Crack House at Castle Rocks when he popped a hold and fell head first into a crevice between two boulders. He sustained a subdural hematoma. He was lucky to be in the company of an ER physician and that there happened to be other experienced rescue personnel nearby—because on any given day, there would have been no one within miles, as Castle Rocks is not open to the pub-

lic yet. Also, Jamie may have walked away from this if he had been wearing a helmet.

The last incident was also in an area that is closed to the public. Robert Laymon (38) fell while climbing unroped on the controversial North Twin Sister, the closer of which has been the object of years of legal battles between the Access Fund and NPS. It is unknown how far Mr. Laymon fell, but his injuries would suggest that he took quite a tumble. He may have fallen due at least in part from distraction, as there was a major wildfire just south of the Sister, which, in fact, was forcing a general evacuation from the Reserve! (Source: From a letter and reports sent by Brad Shilling, Climbing Ranger)

RAPPEL FAILURE

Illinois, Mississippi Palisades Park, Sentinel Rock

In November, Steven Wallace (27) died in hospital following his 40 foot fall from Sentinel Rock, from which he was rappelling. No other details were available, but as this is an area now used by climbers, it is important to call attention to it, especially as a fatality occurred. (Source: From a report sent in by Budge Gierke)

FALL OR SLIP ON ROCK, PROTECTION FAILURE

North Carolina, Looking Glass Rock, Second Coming

On May 5, Ben Williams (21) and his partner were attempting Second Coming (5.7), a popular route on the south side of Looking Glass Rock. He was wearing a helmet. Williams, a climber with 1-3 years experience, placed several pieces of gear as he climbed the crack below the bulge (crux). Standing beneath the bulge, he placed a #2 Camalot as high as he could reach into the vertical crack that splits the bulge. From this position, he attempted to climb upwards, moving his foot out to the right of the crack. Finding no place for his toe, he slipped and fell back and to the left below the bulge. This caused the #2 Camalot placement to fail. His fall was stopped by a well-placed #.5 Camalot. Some time during the fall, Williams stuck his ankle, breaking it. An evacuation by Transylvania County EMS and volunteers was necessary. Williams was in a great deal of pain, even though he was sedated with morphine. The carry-out was difficult from both his standpoint and that of the rescuers.

Analysis

Williams was lead climbing on the route that some call the most dangerous climb (from a serious injury standpoint) at Looking Glass Rock. One explanation may be that new climbers, often not skilled at placing “trad” gear, are sandbagged by the 5.7 rating that appears in the guidebook. That, plus the fact the “Second Coming” starts with a benign-appearing crack that suckers the climber into believing that it will continue being as easy as it seems at the beginning. Poorly-placed gear near the “bulge,” nervousness when actually attempting to climb it, pro that fails to hold when loaded with a climber’s weight—all of these factors figure into the frequency/severity of injuries that take place on the route. In Ben’s case, he had fallen at the same spot two weeks