

to St. Joseph's Hospital. (Source: *Mercer Island Reporter*, September 15, 1977 p. A10; and SAR Mission Worksheet 77-303.)

*Analysis:* Each year there are at least a few thousand climbers on Mt. Rainier, guided and unguided. On the glacier routes, slips and missteps are common. The standard procedure is to go immediately into a self-arrest position when this occurs. Guided clients are thoroughly trained in this technique. In this particular case, the client who slipped did not do this. The guide was able to arrest, though conditions of hard ice crust from a freezing rain probably made any deep penetration with an ice axe improbable. Conditions for climbing this route were as good as one can expect in any case. The only question the reader uninitiated with Mt. Rainier might ask is whether this section of the Ingraham Glacier route is ever belayed. The answer is that guided clients who might need such assistance on this slope are not allowed to make the climb, as they are screened during an intensive climbing school run by the guide the day prior to the climb. (Source: J. Williamson.)

*FALL ON ROCK, PITON AND CHOCK FAILURE—Washington, Peak One of Klootchman Rock.* David Steven fell while on the Northeast Corner, Peak One, of Klootchman Rock. He was in the top of a narrow chimney at the lower edge of a sloping bench of rock suspended from his rope. He had been climbing a 5th class pitch of typical Klootchman Rock when he fell, pulling out a piton and a chock before being stopped by the remaining chock.

After a call to me by David Rowland, Mountain Rescue, I arranged for the MAST helicopter to meet Judy Beehler and myself at St. Elizabeth's Helipad where we were furnished medications by the Emergency Department physician. We flew to the south end of Klootchman where the fall was reported, found no one there so started a circuit of the rock and spotted two people standing at the foot of a rockslide below Peak One on the North End. An attempt was made to land near them but his was not possible due to the extreme roughness of the terrain. The pilot made another flyby of the area and the patient was spotted in the top of the chimney about fifty feet above the base of the cliff. The pilot brought the helicopter to a hover above a large rockpile at the foot of the slope and Judy and I stepped off the skid to the rocks. He then flew to a clearing near the road where he made contact with the deputy and shut down the helicopter. We climbed to the scene with our aid supplies.

After assessing the situation on-scene, the radios with the Sheriff's Office relay capability proved invaluable. We needed a climbing team with ropes, hardware, and litter that Dave Rowland was assembling in Yakima. Since it would soon be dark, increasing the hazard to the patient and rescuers alike, speed was essential. By using the relay frequency we were able to communicate with the Yakima County Sheriff's office and with the Mountain Rescue

truck in Yakima from our position on the face. Using the Mountain Rescue frequency we could communicate with MAST. With both frequencies, we were able to arrange a meet at the Yakima Airport so that MAST could bring another Mountain Rescue team and equipment to the scene before dark. This was successful so that when additional personnel reached the scene by ground transportation after dark, we were then able to complete the lowering and carryout safely and without incident.

The relay frequency also served as a link through your office to enable us to give patient information to the physician in the Emergency Department and receive instructions on medication for the patient. This is very important to the survival of the patient in these life threatening situations. (Source: Lynn Buchanan.)

*Analysis:* This report, while containing few details as to the nature of the accident in terms of climbing experience, other climbers involved, and whether the piton was new or old, is a demonstration of some of the intricacies involved in rescue operations. Each year an example or two like this is presented in the hope that climbers—especially those unfamiliar with such operations—will not take rescue “for granted.” (Source: J. Williamson.)

*FALL ON ROCK, CHOCK FAILURE, NO PROTECTION—Washington, The Tooth.* Walter McDonald (33) fell to his death while climbing The Tooth with his partner Donald Moulton (24). This is Moulton’s description (edited) following the accident.

I met Walter McDonald in Northbend at the Arco gas station at 7:30 a.m. and drove to Alpentel. We left Alpentel at 8:30 a.m. on the Source Lake Trail headed for rock climbing on The Tooth. The accident occurred between 1 and 2 p.m. I was belaying and Walter was leading above me on the East face route and was about 50 feet from the top. Walter was out of my view when he yelled, “Falling!” I began taking in rope. I saw him falling in the air and striking ledges in the area 100 feet above me. When he passed me he was falling free to a point about 80 feet below me where he hit a sloping ledge and stopped. I then lowered myself and walked over to him, which took about five minutes. I yelled at him, I checked his pulse and carotid artery and felt nothing. He didn’t seem to be breathing. I then began CPR with heart message and artificial recussitation. I continued CPR for approximately one and a half to two hours. I had to cut off his pack and slings. He was anchored by the rope he fell with. During the CPR I was yelling for help. I heard a reply from someone on the trail and I imagined they went for help. I was exhausted after the CPR. A party above me heard my yelling for help. One of them came down part way but couldn’t get down to me. After I gave up the CPR this person helped me and belayed me up to the top. This was probably two and a half hours after the fall. We then came out. As we were getting off the peak the helicopter came and I spoke with the person who lowered him-