

notch behind the Flying Buttress where Left and Right Gullies come together, one may rappel one long or two short rope lengths to a ledge system, which is then followed out toward the left. One could also rappel icy sections of the Left Gully on rock or by cutting bollards for anchors on the ice. The final snowfield where this accident occurred may also be skirted to the south on scree. (Source: Jim Detterline, Longs Peak Supervisory Climbing Ranger)

## **FALL ON SNOW, INADEQUATE EQUIPMENT, NO BELAY, EXCEEDING ABILITIES**

### **Colorado, South Maroon Peak**

On August 16, Aspen climber Hillary Trish (21) fell while descending from a successful climb of 14,156-foot South Maroon Peak. Trish fell in clear, warm weather at mid afternoon while attempting to descend the top of the southeast couloir. She was climbing in light hikers without crampons, facing outward and using an ice ax. She was wearing a helmet. The couloir is full of snow year-round and, at the top, rises to a 50 degree angle. Trish fell forward and tumbled approximately 400 vertical feet on snow and rock before coming to rest on a small mud ledge in the south side of the east-facing couloir, around 12,850 feet.

Her fall was witnessed by another climber on nearby Pyramid Peak, who was able to make a scratchy and barely comprehensible cell phone call to the Pitkin County Sheriff. A two-man hasty team was dispatched from Aspen at 1545 to try to assess whether an accident had indeed occurred.

Trish was attended to by one of her climbing partners, an EMT, while her second partner descended another 2,500 feet to a valley floor trail for help. Both the second partner and the initial RP (who made the cell phone call) met the hasty team on the valley trail at 1650. The hasty team continued to climb and reached the victim and her partner at 2100.

On initial assessment, both subjects were suffering from early stages of hypothermia, despite clear, calm weather. They were situated on an east-facing, sloping, mud-covered ledge about 12 by 3 feet, with loose rock on one side and a ten-foot drop into the bergschrund along the side of the couloir's snow on the other. The snow wall rose up about five feet above them.

Trish was A&O x O and combative, with respirations of 28, an uneven carotid pulse of 48 and no evident radial pulse, probably due to cold. She was not responsive, but would talk gibberish every few minutes. Eyes did not track, but pupils were responsive to light. Her partner reported she had been in and out of consciousness. She had a bruise between her eyes and dried blood from her nose. When first encountered she was sitting in her partner's lap. He was holding her to keep her from falling into the bergschrund, which she would have done because of the way she struggled.

The team managed, with some difficulty, to get her into a sleeping bag and onto a Thermarest, then to heat water and place hot water bottles and heat packs around her in the bag. This caused her to calm down and sleep for much of the night. Medical control advised allowing her to sleep, since there was no ability to alter her care if her situation deteriorated.

An attempt the following morning to lower gear from an Army National Guard helicopter was aborted because of rockfall hazard. During two attempts to lower a haul bag from a side winch on a Blackhawk, the bag began to swing, knocking large rocks off the

ledges above the party. Rotor wash carried fist sized rocks into the group. Subsequently, a second team reached the first at 0800 the following morning. The victim was packaged, again with difficulty, in a Kendricks Extrication Device and then a Sked, and lowered on a snow lowering system about 1,200 vertical feet to an LZ. The initial slope was 47 degrees. The lowering was complicated by the presence of deep, wide runnels in the summer snow, some as deep as five feet.

The victim was flown out at 1330. She suffered fractures of the pelvis, spine, shoulder and skull, although none required surgery. She later reported that she did not remember the fall or any of the following ten days.

### **Analysis**

One of Trish's climbing partners, her boyfriend, had introduced her to climbing on snow the season before, with an assault on nearby—and easier—Castle Peak. He indicated that they had practiced some self-arrest at the time. However, the southeast couloir of South Maroon is a significantly harder route, and one with significant hazards. The fact that Trish was descending a 50 degree slope without crampons, and while facing out, suggests that she may have been in terrain beyond her abilities at the time of the accident. Her fall, however, carried her to the inside bend of the couloir—which curves right, south, where she landed—rather than into the rock wall on the outside. Additionally, her other climbing partner provided excellent field care and assessment, keeping her stable and in one place for six hours before the first team arrived, and helping through the night. The limitations of the working environment, and the inability to move more personnel up the peak safely in the dark, or insert matériel by helicopter, meant that much of Trish's survival can be attributed to the stable nature of her injuries and her own durable constitution. Had her medical condition deteriorated during the night, no reasonable effort to evacuate her more quickly could have been made. (Source: Hal Clifford, Mountain Rescue—Aspen, Inc.)

## **HANDHOLD CAME LOOSE, FALL ON ROCK**

### **Colorado, Capitol Peak**

On August 17, while approaching the summit of 14,130 foot Capitol Peak along the Knife Edge (the standard route), a 36-year old male mountaineer from Denver fell an estimated 1,000 feet down to a cirque on the eastern side of the peak. The fall was reported about 1030 by another climber with a radio. The victim's body was spotted later that day by a search plane and recovered by a team inserted by helicopter. He had died of massive trauma from the fall.

### **Analysis**

Capitol Peak is one of the more solid peaks in the Elk Mountains, comprised of basalt rather than the loose, sedimentary rock typical of the Maroon Bells and Pyramid Peak. However, the approaches to the summit are extremely exposed on all sides. The victim's climbing partners indicated that a hold had broken loose when the victim grabbed it, and that he had no chance for recovery. (Source: Hal Clifford, Mountain Rescue—Aspen, Inc.)

*(Editor's Note: The Knife Edge is a place where climbers of all abilities commonly rope up.)*