

tired and need to remain vigilant. It is a time to keep eating and drinking to keep energy levels up. It is a time to slow down, take frequent rest stops, and watch for hazards. It is a time to pay attention to the subtle trap that is “The Descent.”

**Climbing Alone—Never climb alone! Right?** We have all heard this mantra in the mountaineering world. Yet many climbers and mountaineers relish the opportunity to go solo. No matter what your opinion is on this topic, you should remember never to conclude that climbing alone doesn’t involve additional risk.

**Summit Fever—“Summit or death, either way, I win.”** This quote has floated in and around the climbing conscious and subconscious for many years. The ability to recognize and resist this driving force is not always an easy thing to do. Do we climb because we can or because we want to reach that summit? Acknowledging our motivation takes us one step closer to making the decision to turn around for the right reasons; weather, fatigue, route difficulty or complexity, having a bad day, gut feeling, etc. (Source: RMNP Rangers)

## **FALL ON ROCK, INADEQUATE PROTECTION, OVERCONFIDENCE**

### **Colorado, Durango**

After 17 years of rock climbing, bad judgment finally caught up with me. Don’t let it happen to you. Climbing near Durango, I was on a route well within my ability and moved about eight feet above a piece of protection, which I knew was probably less than ideal. Thinking, “There’s no way I’ll fall on this,” I continued up. No sooner had I moved up and my left hand greased, followed by my left foot. I slid down the rock (it was just slightly less than vertical), the piece popped and I fell approx 25 feet. I hit a ledge, snapping my left foot. Luckily, I stopped on this ledge and didn’t continue to fall further.

I did have my helmet on and lucked out that I didn’t fall over backwards, causing worse injury. I suffered a compound fracture of the medial malleolus, severed a posterior vein and artery and a section of nerves on the medial side of my left foot as well as all of my tendons, ligaments, and cartilage on the medial aspect of my foot. My foot was basically hanging off by some skin and tendons on the lateral side. After an excellent splinting job, I was able to hike out to the trailhead with the assistance of three friends and my wife ... and with the aid of two chugged beers once I was off the rock. (Hey, it hurt like hell).

I thank my lucky stars I was not injured worse.

### **Analysis**

My mistakes? All amount to BAD judgment: overconfidence, inadequate (poor) protection, and a feeling of “It won’t happen to me.” Once I am back

on the rock, I will be much more cognizant of my mistakes.

I am damn glad I had my helmet on; even though I didn't hit my head, I feel it could easily have happened. (Source: Edited slightly from a report on line—[www.mountainproject.com](http://www.mountainproject.com)—submitted by Joel Claus, the climber) (*Editor's Note: We always appreciate it when we receive reports in the first person.*)

### **FALL ON ROCK, PROTECTION PULLED OUT—INADEQUATE PROTECTION**

#### **Idaho, City of Rocks National Reserve, Buzzard's Perch**

On September 26 at 5:45 p.m., Adam Baxter (24) fell while attempting to lead "Terror of Tiny Town," a 5.11 climb on the Buzzard's Perch in City of Rocks National Reserve. Baxter was about 30 feet off the ground and had placed two cams when he fell. Both devices failed to hold, so Baxter fell into the boulders at the base.

His companions sent for help while assessing Baxter's injuries, which included an abrasion to his forehead, a temporary loss of consciousness, pain in his right hip, and pain in his lumbar spine.

Climbing Ranger Brad Shilling arrived on scene at Parking Lot Rock parking lot to find the patient sitting up talking to his companions, one of whom is a medical intern. The patient refused care, preferring to go by private vehicle to the Emergency Department in Burley. Shilling contacted Cassia Dispatch to advise them of the patient's refusal of either treatment or helicopter transport. The patient and his companions agreed to allow Life Run to proceed in the event that a rendezvous could be possible en route. The patient was clear of the Reserve by about 6:30 p.m.

Note that in the event, the patient did make a rendezvous with the ambulance, and was transported by them to the hospital in Burley.

### **FALL ON ROCK, PROTECTION PULLED OUT—INADEQUATE PROTECTION**

#### **Idaho, City of Rocks National Reserve, Bath Rock**

On June 27 around 11 a.m., climber Chris Weber (age unknown) fell 25-30 feet from Bath Rock, causing a compound fracture to his wrist and possible fracture to his elbow, shoulder, leg, hip, and/or pelvis. Belay partner John Fuller described the incident as follows:

Chris was on the 10c route Donini's Crack. He was just below the crux of the climb. He had placed a #1 cam, which did not hold when he took a short fall. After approximately five feet of fall, he weighted another cam that also failed to hold, leaving the belayer insufficient distance to catch the climber's fall prior to hitting the ground.

Within a few minutes, off duty employee Lucus Hengel was alerted to the incident and quickly reported it to CIRO base via radio. Employees Randy Farley and Tom Harper responded. 911 was called and the Almo QRU was dispatched. Life Flight from the LDS Hospital in Salt Lake City