



AAC Publications

Fall on Ice, Climbing Unroped, Inexperience

New York, Adirondacks Mountains, Nippletop

On December 15 the weather in the northern Adirondack Mountains was bluebird clear but cold. I had spent the day with a fellow New York State Department of Environmental Conservation (DEC) forest ranger patrolling on foot to the 2,000-foot summit of Hamlin Mountain in Essex County. At 10 a.m. the same day, four men (no names, ages, or level of experience provided) from Syracuse, New York, began ascending Nippletop Mountain in the Dix Mountain Wilderness via a technical climb up a natural slide on the mountain's west side. Three of the men were experienced mountaineers, and the fourth was not. They had decided prior to beginning the climb that they wouldn't use a rope or other protection until one of them felt uncomfortable. They were wearing climbing helmets and using ice axes and crampons to make their way up the ice-covered slide. Around 4 p.m., when the four were three-quarters of the way up the slide, one of them reached a point where he felt he needed to be roped in. He communicated this to his climbing partners, who were above him. While one of the men above attempted to get into position to lower a rope to him, the three above saw their partner who had called for the rope begin to first slide and then cartwheel down the stair-step, ice-covered slide. According to one report, the novice climber seemed to "just let go." He made no attempt to self-arrest with his ice axe. The climber fell 200 feet down the slide before coming to a stop against a log frozen in the ice. The other climbers could hear their friend moaning and observed him moving his arms. He began to slide again, and went another 20 feet until he was stopped by small trees growing on the slide. His friends made a quick plan. One would rappel down and stay with the victim, providing whatever assistance he could. The other two would quickly climb to the summit and call 911 on their cell phone. (One of the men had made a call home from the mountain's summit during the summer.) They provided the climber who was staying with an insulated jacket and whatever other clothes they could quickly hand off for the victim. The two climbers reached the top of the slide and then bushwhacked to the summit, but were unable to get cell service in either location. They hurried down the trail but could not make a call until they reached town. My state cell phone rang, and the caller ID showed it was the DEC Dispatch in Ray Brook. The dispatcher advised me of accident and asked me to contact two climbers at the Noonmark Diner in Keene Valley. I arrived at the diner at 8:30 p.m. and met with the two very upset climbers inside. They once again described what happened. They stated that they were sure they saw the victim's arm move at one point, and they definitely heard him moaning. At 10:30 p.m. two other rangers, a physician's assistant, and I left the command post and began hiking toward the injured climber. We carried all the equipment needed to stabilize and protect the climber until first light, when a helicopter could fly in. We hiked the trail to Elk Pass and then followed the tracks the climbers had made early in the day when they bushwhacked to the slide. As we came out near the slide we spotted the headlight of the climber who had stayed with the injured man. Although it looked like only short distance above us through the woods, it took us an hour to reach the two men. We arrived at the location at 3:30 a.m. on December 16. The physician's assistant began assessing, stabilizing, and warming the injured climber with assistance from forest rangers. He had multiple skull fractures, intercranial pressure, fractured C1, broken ribs, and a six-inch-long laceration on his left cheek. He was also hypothermic. At 4:20 a.m. six forest rangers geared up and left the command post to head to our location. At the same time another ranger was in the State Police helicopter hangar at the Lake Clear Airport, 20 miles away, preparing the helicopter for a hoist operation. The weather window was small but appeared to provide enough time to fly in, lower a litter, move away, and then return to hoist the patient and the physician's assistant out. However, the helicopter was not even able to get close enough for those of us on the ground to ever hear it. At that point I knew we were about to begin one of the most difficult and grueling carry-outs that DEC forest rangers have done in recent memory. At 8:30 a.m. the six forest rangers arrived with the litter for the carry-out, and shortly after that two experienced local climbers that had been asked to assist in the

rescue operation joined us. A discussion ensued regarding the best route for the carry. It was decided to use a rope belay system to lower the injured climber five pitches, each about 200 feet in length, to the bottom of the slide. We would then carry him up through a spruce-fir forest to Elk Pass, where we could pick up the Nipplet Mountain Trail. We could then use a backpack carry system for the remaining one and a half miles down the trail to the vehicles. We began carrying at 8:30 a.m. but did not reach the ambulance waiting at the command post until 8 p.m. Eleven and a half hours of carrying, sliding, dragging, lifting, pulling, cutting, throwing, and pushing by forest rangers, volunteer climbers, and local emergency response volunteers. Once we reached the bottom of the slide, we had to carry the litter through the spruce-fir forest. Again we worked in teams with a group of forest rangers using axes and handsaws to clear a trail while the other group would carry the litter. When we arrived at the trail, we rigged up the backpack carry system. Once we reached the Ausable Club Road, we loaded the litter on one of the vehicles and drove out to meet an ambulance from the Keene Valley Rescue Squad. The injured climber was transported to the local hospital and then on to Fletcher Allen Hospital in Burlington, Vermont, where he was operated on immediately. Intracranial pressure was the biggest concern. He is making a slow recovery, but p.m. and met with the two very upset climbers inside. They once again described what happened. They stated that they were sure they saw the victim's arm move at one point, and they definitely heard him moaning. At 10:30 p.m. two other rangers, a physician's assistant, and I left the command post and began hiking toward the injured climber. We carried all the equipment needed to stabilize and protect the climber until first light, when a helicopter could fly in. 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The injured climber was transported to the local hospital and then on to Fletcher Allen Hospital in Burlington, Vermont, where he was operated on immediately. Intracranial pressure was the biggest concern. He is making a slow recovery, but his doctor feels he will recover and return to his family members and friends. (Source: New York State Forest Ranger Rob Prackajlo.)

Images

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