



## AAC Publications

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### **Fall on Rock, Possible Rappel Error – Rope Soloing**

New Hampshire, Cathedral Ledge

At approximately 11:40 a.m. on July 12, I greeted a solo climber as I was rappelling Chicken Delight on the Barber Wall at Cathedral Ledge with a client. I observed that the solo climber had just rappelled Double Vee/Jolt on a static line, and appeared to be preparing to rope-solo back up, using an ascender rigged to a chest harness as an auto-belay. I also observed a party of two on the nearby climb Nutcracker.

I short-roped my client, J.M., over to the climb Upper Refuse, which is a couple of hundred yards away from the Barber Wall and out of sight. I had just started leading Upper Refuse when one of the climbers who had been on Nutcracker appeared below and asked if anyone was an EMT, as a climber had fallen 70 feet and was seriously injured. I asked if 911 had been called, and he confirmed he was on the phone with them. I left a piece of protection in the climb and quickly downclimbed back to J.M. I then pulled my rope and short-roped J.M. back to the accident scene.

I arrived at the base of the Barber Wall at 12:12 p.m., about 12 minutes after the fall. The victim, B.D., was conscious when I arrived, but the two witnesses confirmed he had been unconscious for at least five minutes after the fall. He had come to rest crumpled around a tree, with his head downhill. I immediately noticed what appeared to be a left femur fracture, as well as some trauma to his face. The victim was in quite a bit of pain. The obvious femur fracture seemed to be top priority. I found no signs of a head injury on the back of the victim's head, even though he was not wearing a helmet.

B.D. was able to communicate his name, age, residence, and where he was, but not what month it was. In order to put traction on the left femur, I had the two recreational climbers and my client aid me by supporting his head and arms while we straightened him into a position where I could get traction on his leg and look for other life-threatening injuries.

Once I found no other immediate threats, I called Mountain Rescue Service to update them on the severity of the victim's injuries and confirm they knew exactly where we were (since 911 sometimes does not relay an accurate location).

During my secondary exam I discovered an open tear in the victim's lower right arm, where it appeared he had sustained an open compound fracture and the bone had reduced on its own. The 10-inch laceration was not bleeding much, so I put slight traction on that arm, which eased the pain as the victim confirmed.

B.D. also complained of his right leg hurting, and while there was no obvious fracture we applied slight traction on that leg, which seemed to lower his pain.

Over the next 50 minutes the victim stayed "AOx2" (alert and aware of name and location). He continuously complained of difficulty breathing and confusion about what had happened. Two sets of vitals recorded a heart rate of 100 and difficulty breathing. A couple other climbers had arrived, and I facilitated a rotation of people applying manual traction, giving each person an opportunity to stand and rest. I continually checked on my client, J.M., who was steadfast while we cared for B.D.

At 12:50 a Mountain Rescue Service member made contact with me from the top of the Barber Wall,

and 15 minutes later the paramedics arrived. The lead paramedic took over medical care, and I redirected my focus on scene safety as we now had non-climber paramedics on scene, with questionable footing where they were accessing the victim. I anchored the one who appeared to be the least sure-footed and most exposed, then started gathering my gear and my clients' for the carry out.

Mountain Rescue Service had set up a traversing hand line as well as a belay line for the litter, in order to facilitate the carry-out in third-class terrain. After checking in again with my client and finding him steadfast, enthusiastic, and focused, I decided we could continue to assist with the carry-out without any undue risk.

While stopped at a rope-switch point I noticed the victim staring at the sun, and placed my hands to shade his eyes. His pupils were unresponsive. The lead paramedic was notified that the patient's condition had changed, and he made a few last-ditch efforts before calling him "coded." As rigor had started to set in, and the cause of death was likely severe internal trauma, no CPR was performed. The time was approximately 1:50 p.m. After 15 minutes Fish & Game received authorization from the New Hampshire attorney general's office to continue the evacuation of the victim, and we carried B.D. to the top of the cliff to be handed over to the appropriate authority.

We reached the parking lot at about 2:40, and I submitted a written statement to the Fish & Game officer.

## **Analysis**

Because the victim was climbing alone, I can only speculate on what happened, based on the evidence I saw. When I arrived no one had touched the victim. He had a single strand of static rope threaded through an ATC clipped with a locking carabiner to his belay loop. The carabiner was locked. His ascender, clipped to an improvised chest harness, was not attached to a rope. He had another locking carabiner on his belay loop that was not in use. There was a fair amount of slack in the rope on both sides of the belay device.

I confirmed from the Mountain Rescue Service member who had arrived at the top of the cliff that one end of B.D.'s rope was anchored to a tree above Double Vee with a bowline, and then redirected off another tree, presumably to position the rope over Jolt. The other end of the rope was unsecured at the top of the cliff, leaving a "loop" that hung down to where the victim came to rest. The nearby climbers said his fall had started from the very top of the cliff.

From this info I speculate that B.D. rappelled a single strand of his static rope to the base of Jolt. He then used his chest-rigged ascender to self-belay an ascent of Jolt. At the top of the climb he removed the ascender and installed his belay/rappel device on the rope, but he appears to have attached the device to the wrong point on the rope, with 70-plus feet of slack between it and the anchor. He then leaned back to descend. Another theory is that an unknown medical condition caused him let go of his brake hand while rappelling, but the fact that there was a fair amount of slack in the system where he came to rest doesn't really support this. It's also possible he had left the ATC on the rope while ascending Jolt, then pulled up all the rope after removing his ascender and then somehow fell, with the free end of the rope somehow getting caught at the top of the cliff. None of these scenarios would be forgiving, as there is a vertical, 70-foot fall to a flat ledge.

It should be noted that B.D., age 56, was a well-known New England climber with experience spanning three decades, across the country, and countless hard first ascents to his name. The list of renowned climbers that knew and trusted him as a safe and extremely competent climber is long.

(Source: D.G. Lottmann, Mountain Rescue Service team member.)

## Images



Cathedral Ledge, New Hampshire. The "Barber Wall" is the upper left portion of the cliff, above a prominent tree ledge. (Brianpostphoto.com.)

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