# Fall on Rock – Failure to Test Hold

California, Sierra Nevada, Temple Crag

**On the morning of September 1, we set off to climb the Surgicle, a beautiful yet obscure feature on the Temple Crag buttress**. Peter (22) and I (27) were to climb the East Face (II 5.7), while Gabe (27) and my twin brother Brian (27) were going to climb the North Rib (II 5.8). We would meet at the top and then rappel the east face.

After the first two steep pitches, Peter and I pulled onto easier terrain. Just after 3 p.m., I started up the fourth pitch, where the obvious line of the climb dis- appeared. I traversed left of the anchor and placed my first piece. I was just about to place my third piece when I decided to make one more move to an improved stance. I had both hands on a large block when it shifted. If I had held on, it would have fallen with me. I let go and fell approximately 35 feet to the ledge I had just traversed. The pieces held and the rope came tight. My right ankle was turned grotesquely outward, and there was a terrible pain in my lower back.

Peter, a trained WFR, was able to reach me safely. I was not bleeding heavily, and after some rest the pain became manageable. Recognizing the risks of moving a patient with a back injury, we chose to traverse back to our original anchor. There we would wait for the other group.

Upon hearing echoed cries for help, Gabe and Brian decided to rappel into a gully on their right. They left gear behind for each emergency rappel anchor, and after the first rappel they had to ascend their stuck rope to free it. Once they reached the ground, they quickly realized we were still up on our route. They tried to follow our line, but fatigue and a reduced rack created a dangerous situation. They then tried a seemingly low-fifth-class scramble to the left. This resulted in another retreat and a stuck and cut rope. Frustrated, they returned to the gully right of the North Rib. They gained as much elevation as they could before simul-climbing some 4th class and finally roping up for one pitch of 5th class to the top. There, they began rappelling the face. At about 7 p.m., Gabe and Brian made contact with Peter. Once we were all together, we tied together our two ropes and lowered me two pitches to the ground in one go.

Gabe, also a trained WFR, and I sheltered under emergency blankets while Brian and Peter hiked back to camp; Peter planned to return with supplies and Brian to hike out for help. The next morning, a SAR team arrived by helicopter and the first rescuers reached us just before 11 a.m. As a team of five, they executed a rescue over steep talus, with critical assistance from both Gabe and Peter. For over six hours, the team lowered me to the point where I could load into a helicopter. I was flown to a hospital in Bishop just after sunset. Almost 30 hours after the fall, I was given treatment for a severely broken right ankle and a burst L2 vertebra.

**ANALYSIS**

Certainly, the traditional lessons associated with this fall are not lost on this climber: the importance of testing blocks before pulling on them, and the necessity to properly evaluate and protect fall lines. However, on this day our biggest lessons came in the form of communication—or lack of communication—between the two teams on the wall. The other team could hear our calls for help but could not understand us, nor did they know where we were. If we had a better means of communication or had better understood each other's climbing routes, they could have reached us much quicker instead of spending four hours trying alternate routes. This wasted time might have had

dire consequences if my injuries had been more serious. (Source: Eric Hengesbaugh.)

Editor’s note: An interview with Eric Hengesbaugh is featured in Episode 3 of the Sharp End podcast.

## Images

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