

# A first analysis of mountain rock and traditional climbing near-miss and accident reports in the SERAC database

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## Foreword

*The SERAC database is an experience sharing platform developed to gather and publicise individual stories of accidents, incidents or critical situations, for the ultimate purpose of initiating a collective learning process. Its aim is to provide the means for individuals to personally reflect on their own experiences and those of others. Since December 2018, it has formed the basis of a scientific analysis undertaken as part of a PhD thesis.*

*An initial review of the stories was published in January 2017 based on 184 accounts covering all types of activity. Today, we offer a more detailed analysis of the stories recounted on the topics of snow, ice, mixed and icefall climbing. The SERAC method used to process the material is dynamic and must evolve according to the expectations of mountain sports enthusiasts. The SERAC system is a collaborative tool that forms part of a participatory approach. To encourage its use and continue to improve the system, we look forward to receiving your feedback and suggestions about this document. Do the situations covered seem relevant? What type of analysis do you think is the most pertinent?*

**When you read an account...** *Please reflect on how it resonates with you.*

*What does this story tell you about your own way of doing things?*

**When you provide testimony...** *Thank you! Your experience is precious.*

*Do not hesitate to detail your actions, perceptions and feelings the moment your accident or near-miss occurred, and immediately before or after the event. On what did you base the decisions you made? Complex situations without undesired outcomes, where everything ended well, are also of interest. Ask yourself what you did to manage the situation and what resources you used to adapt to it.*

By the end of the 2019 summer season (30/08/2019), the SERAC database contained 329 stories relating to mountaineering. The remaining stories recounted events that occurred while single-pitch climbing (61), hiking (18), paragliding (2) and mountain biking (1).

It also featured 53 accounts of outings where mountain rock climbing was the main activity, i.e., 19% of the mountaineering stories in SERAC. We decided to refer to these collectively as “traditional mountain rock climbing”, with the main activity being multi-pitch climbing on rocks or ridges requiring the placement of protection equipment. They may have involved an approach or descent on ice or snow. However, the participants identified rock climbing as the main activity for which they had prepared.

To read all the accounts, click [here](#).

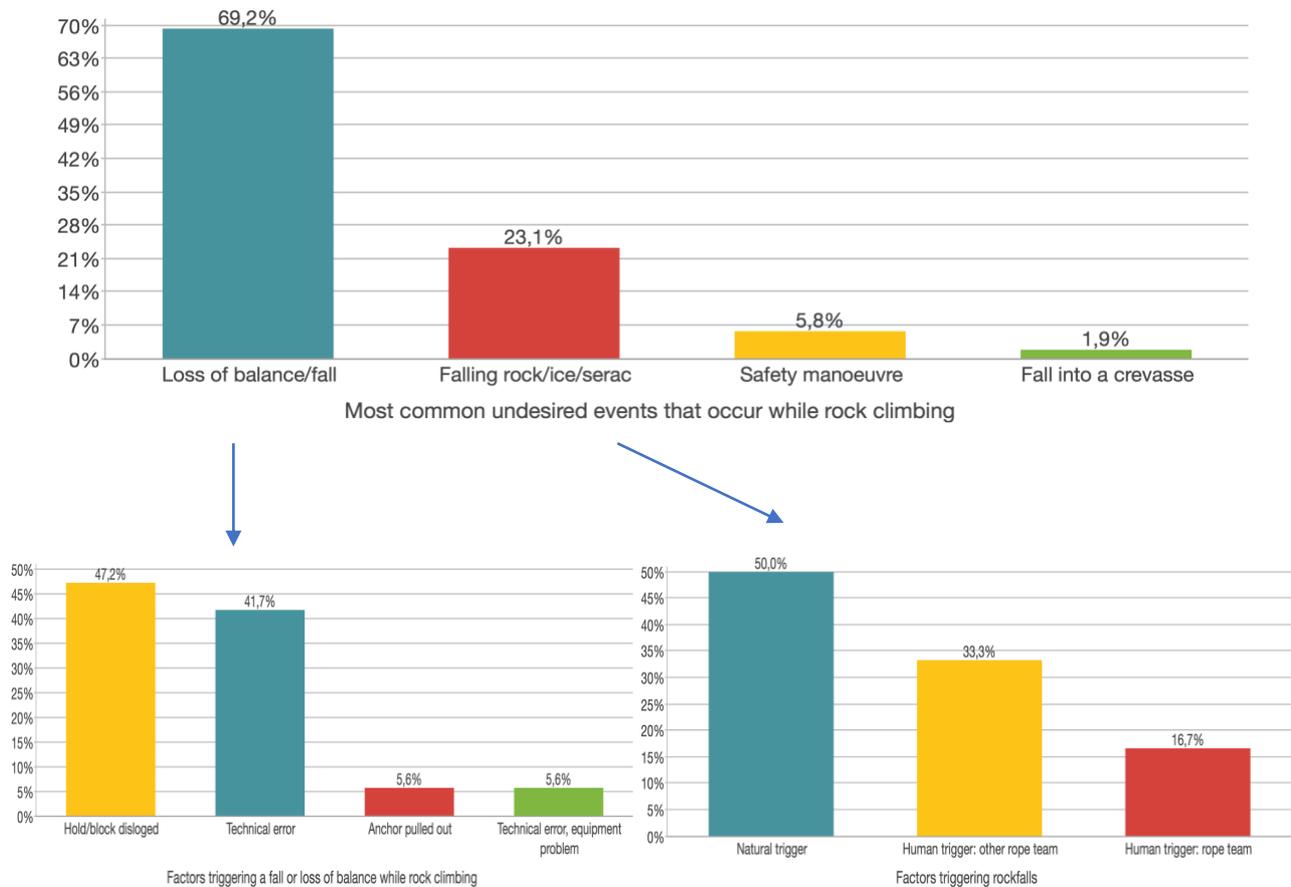
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**1. What are the main types of event that cause incidents or accidents during mountain rock climbing?**

For each story, we defined a main undesired event and a triggering factor.

69.2% of the stories relating to rock climbing mention a loss of balance or a fall, while 23.1% involve rockfalls. Falls triggered by a block being dislodged, which the rest of the group might consider to be a rockfall, are interpreted from the perspective of the main victim, i.e., a fall triggered by a block being dislodged.



47.2% of losses of balance or falls are due to holds or blocks being dislodged and 41.7% are down to a technical error (movement: placement, energy levels, technical ability).

50% of rockfalls are triggered naturally and 50% are caused by humans, in some cases by another rope team and in others by the rope team affected.

***Figure 1: Nature of the events leading to incidents while mountain rock climbing***

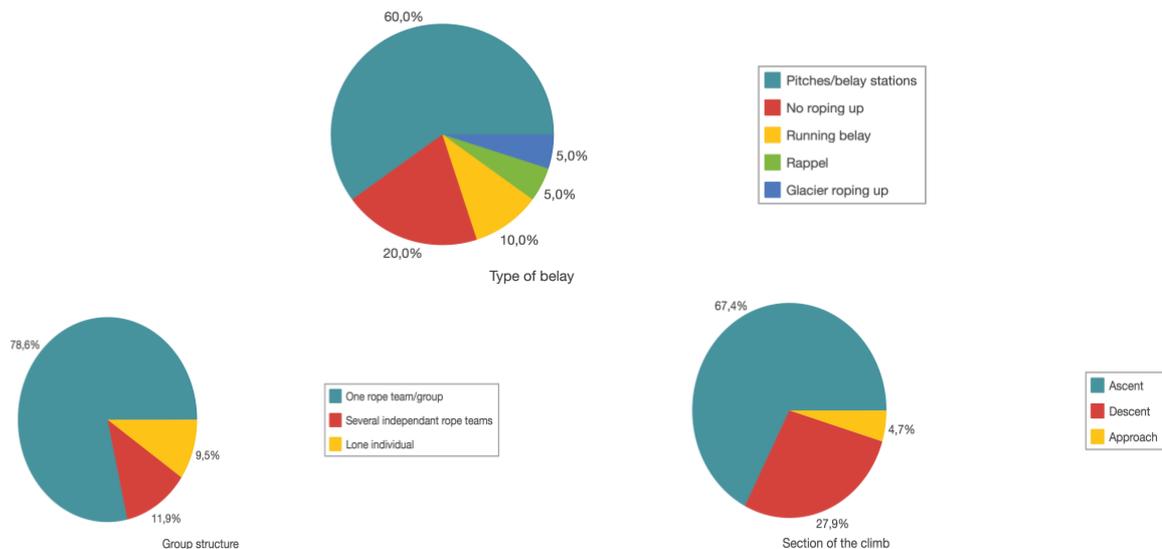
## **2. In what types of configuration do incidents or accidents occur while mountain rock climbing?**

Of the 53 accounts analysed, 46 offer information on the configuration of the situation. However, the level of detail provided varies from one report to another.

It is helpful to describe the configuration of the situation the instant the undesired event occurred: terrain, type of climb, the climbing equipment employed (on foot, crampons, skis), the belay type used, the configuration of the group, etc. The configuration alone cannot explain why the accident or incident took place, but it does allow us to understand the context.

According to the information provided in the stories, in more than half of the accounts analysed the configuration at the time of the event was a standard one: **an uphill section, climbing pitch by pitch with belay stations, participants roped up and a single rope team of two or three individuals**. The vast majority of the events occurred in rocky terrain, but three stories involved falls in snow or on a glacier during the approach or while returning from a climb.

The statistical dominance of this configuration is **surprising, as it is not generally considered to involve a great degree of exposure and is viewed as a “normal” climbing situation**, unlike short-rope descending or simul-climbing, which are often pointed to as being the most dangerous configurations. However, it is important to place the interpretation of this result in perspective, because it does not necessarily mean that the situation is particularly dangerous. It can be partly explained by the time spent in this configuration, which we can assume to be the most common in mountain rock climbing. **The probability of an accident occurring inevitably increases with the exposure time**. In addition, SERAC mainly documents events with minor physical consequences (32.7% of mountain rock climbing accounts involve no physical injury). It informs us about fairly normal situations and brings to light events that would not necessarily emerge through the analysis of serious accidents alone. Nevertheless, these events do disrupt the way in which the outing was intended to unfold. They are often benign when examined in isolation, but may be at the root of scenarios that are more difficult for a climber to manage. A potential accident situation can be triggered by seemingly innocuous events in standard climbing configurations that would otherwise be considered safe.



*Figure 2: Main configuration at the instant the incident or accident occurred while mountain rock climbing*

### 3. Recurring contributing factors to the situations recounted

What factors lead to hazardous situations in rocky terrain? In the mountains, high-risk situations are multifaceted and generally involve multiple factors. It is no easy task to place these factors in order of importance so as to determine which event leads to the other and which is truly the “root cause”. It is also difficult to establish causal links between the various elements of a situation, individual behaviours, the techniques used and the occurrence of an accident or, in other words, to identify the single factor that was key in enabling the undesired event to take place. Moreover, doing so could amount to an over-interpretation of the facts. The aim is more to describe what mountaineers perceive during a potentially hazardous situation, bearing in mind that none of the factors presented are necessarily dangerous or sufficient to cause an accident if considered in isolation.

Focusing on the factors commonly mentioned by climbers, it appears that four are cited in more than 10 accounts:

- In 16 accounts, the participants believe that **their levels of physical and technical ability are easily sufficient for the climb or consider the section in which the event occurred to be easy.**
- 11 accounts point to a **greater level of difficulty than expected**, for technical reasons or due to specific conditions (unexpectedly unstable rock) **for which the participants had barely prepared.**
- 10 climbers mention **fatigue or a loss of energy** during the outing as a factor that influenced their vigilance or their decision.
- 10 stories indicate a **lack or loss of vigilance** during the section in which the undesired event took place.

This approach allows the different components to be examined in isolation, but tells us little about the overall dynamics of a situation. It does not allow the various elements to be linked

together, nor does it explain their presence. Indeed, the events that unfold when an incident or accident occurs in the mountains are closely dependent on the context, each individual's personal history, perceptions of the environment, etc. All of these elements interact to create the overall situation. The stories recount complex, dynamic and highly uncertain situations. Since we do not have all the information about what happened during these outings, it is hard to determine the importance of each component and how they are linked to the other elements of the situation.

It could be useful, therefore, to observe whether combinations of factors tend to reoccur. However, the number of regular patterns that emerge is small. Many of the accounts provide only a limited amount of detail and they do not always mention the same factors (perception of difficulty, pressures experienced, outing preparation, composition of the group, etc.), which makes comparisons difficult and partly explains the low values presented.

Noting the recurring nature of contributing factors is a promising approach, but given the number of detailed accounts provided to date, this tells us little about their origin. What was it that caused the individual to be tired, to make a particular decision and to find themselves in a situation that left them with precious few options? What happened in the mind of the individual, or in those of the group, that could have influenced their view of the situation, their assessment and their actions? Some accounts provide a few initial answers to these questions. However, they are too few in number to have any statistical significance. Their value lies not in the fact that the events reoccur, but rather in the level of detail and the personal perspective they provide on the situation. The insights they offer are all the more powerful when they allow us to easily identify with the person telling the story.

*In addition to facts about the environment (rockfalls, terrain configuration, analysis of snow cover, equipment failure, etc.), which obviously provide useful information, I would ask you to submit stories that describe **what you perceived**, what guided you in one direction or another, and **your state of mind** when you entered a situation that eventually became critical.*

#### 4. Five key scenarios

Several stories are more detailed and indicate that a sequence of events occurred. These accounts may resonate differently with readers depending on their own experiences. This is one of the most valuable aspects of the reports submitted, from a risk prevention perspective. The idea is to immerse ourselves in these situations, without being tempted to generalise regarding the causes of each accident or to judge the choices made by those recounting the events. The questions we should ask are: "How does this story make me feel about my own way of doing things? What does my interpretation of the risk or safety factors involved reveal about my own approach to safety?"

Of the 53 stories analysed, 23 recount a succession of events in detail, rather than just a single main event (e.g., a rockfall), and offer a certain amount of explanatory information about the environment (e.g., rising temperatures). These accounts describe a succession of events and perceptions that go to form a scenario and help to explain the situation ultimately created. The various events presented do not always have direct causal links with one another and each depends on another set of factors of which we are not fully aware. However, it is enlightening to

consider the situational dynamics that are established and to be aware of the scenarios that might follow an initial event that may seem trivial when viewed in isolation.

To facilitate the examination of these scenarios, we have classed them into main groups of situations that display similarities in terms of the key elements identified.

### Situation no. 1: route error (7 scenarios)

In seven of the scenarios, a route error is the central factor that disrupts the normal course of events. This might be the consequence of various different elements, such as reduced vigilance, a relaxed attitude or even the fact of having absolute confidence in the initial interpretation of the route information studied. A route error can lead to the emergence of situations of varying complexity, such as ending up on unstable terrain that is more difficult than anticipated, or suffering additional fatigue as a result of new events. This kind of error can also occur at different stages of the accident sequence, as either a cause or a consequence.

*Extract from an account:*

#### **Rocher du Midi: fall caused by a rock being dislodged**

**Description:** [...] We did pitch 1 (wet chimney, 45 min) and then pitches 2 and 3 (long ledge - grade IV) of the *Voie des Pisteurs* (30 min). We then made a mistake by following the ledge via another chimney (loose rock, IV) that took us to R3 of *Jardiland* (30 min). From there, we continued up pitch 4 of *Jardiland* (6b, overhanging crack, physical). We took turns trying to free climb and finally made it up an A1 section (large friends (#1, #2 in the crack)). Marie free climbed up on top rope (~1 hour).

We arrived at belay 4 of *Jardiland* and continued up pitch 5 (5c/6a, sticky). As I arrived at belay 5 of *Jardiland*, a rock the size of a microwave oven came off in my arms. I took a 10-metre pendulum fall. It could have been a lot worse: I sustained a head wound (scrape) and a painful bruise on my pelvis (impact). Marie took me back to belay 4. We decided to clear pitch 5 of equipment and bail via the *Jardiland* rappels. Marie went ahead on pitch 5 and then brought me down (~1.5 hours on pitch 5). After three rappels, we were at the bottom of *Jardiland* (~1.5 hours).

An hour and a quarter later, we were at the car.

Analysis:

A chain of events led to this accident. I) A route error took us to a more difficult itinerary (subjective error). II) The A1 section of pitch 4 took up a lot of our energy. III) Pitch 5 being sticky did not help. IV) The rock that was dislodged (objective risk that puts into perspective the error of judgement stemming from an accumulation of fatigue).

[...]

Marie had mentioned the route error, but I was convinced we were somewhere else.

*The other scenarios summed up in a few words:*

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**Gramusset wall:** a climb considered easy, confidence in their abilities – familiarity with the terrain – a relaxed attitude – terrain tougher than expected – route error – blocked dislodged – fall.

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**Le Sirac, east-west traverse:** route error – unstable terrain – rockfall triggered by the movement of the rope.

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**South-eastern spur of the Rouies:** doubts over the route, danger sensed – absolute confidence in the initial interpretation of the route information – route error – section tougher than expected – protection impossible – fall.

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**Aiguille du Grand Laus:** high-pressure situation – route error – unstable terrain – rockfall triggered by the movement of another group’s rope.

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**Les Bans, Giraud route:** route error – section tougher than expected – unstable rock – protection impossible – block/hold dislodged – fall.

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**Crête de l’Alpette:** terrain tougher than expected – benign initial fall – route error – protection impossible – fall.

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*Situation no. 2: route tougher or longer than expected (5)*

In five of the stories, the main factors disrupting the normal course of events are the route being too difficult for the participants’ level of technical ability, a climb being longer than expected, or the presence of conditions too complex to cope with. Once again, these factors can lead the situation to develop in different ways. The outcome might be a fall or a critical situation where a combination of different elements leads to a narrowing of safety margins. Preparation appears to be crucial when climbers are confronted with a greater level of difficulty than they had anticipated. In one scenario, the difference between the expected condition of the terrain and the reality on the ground results in a lack of suitable equipment (insufficient protection gear). In two of the scenarios, the difference between the leader’s perception of the difficulty of the terrain and that of the rest of the party leads, in one case, to an inappropriate choice of route and, in the other, to a failure to place sufficient protection in a particular section (fall during a traverse).

Finally, the difficulty or length of a climb only becomes problematic when combined with other factors (unstable terrain, lack of suitable equipment, short days, etc.). In the account presented below (Mittellegi ridge, Eiger), the fact that the route was more difficult than expected and the last-minute involvement of one of the participants were unexpected factors that made the trip more complicated than anticipated. It seems that the physical condition and skills of the participants were sufficient to handle a normal situation, but these unforeseen circumstances, combined with unfavourable weather and the shortness of the day, made the outing more complex and eventually impossible to manage within acceptable safety margins. Thus, the situation quickly escalated and the participants found themselves in what could be described as a “funnel” situation, with limited room for manoeuvre and no remaining solutions given the resources at their disposal (knowledge, level of technical ability, physical capabilities, resources provided by the terrain).

## Example of an account:

### Eiger: Mittellegi ridge

**Description:** Fall at the summit of the Eiger caused by the tension of the rope during a tricky traverse/downclimb. Free fall on the west face arrested by the belayer immediately jumping into the void on the eastern side of the ridge.

This near-miss happened at the beginning of the descent, after a climb that turned out to be much longer and more difficult than expected, mainly in terms of the mental strain experienced. The gusts of warm wind blowing at the summit caught us by surprise. The search for rappels and the rappels themselves were made more difficult by the weather, fatigue and the knowledge that our clarity of thought had deteriorated. Despite this, the unity and cohesion of the rope team were excellent. We had confidence in ourselves and knew that we were making and would continue to make the right decisions.

We were sufficiently well equipped and trained to set up a bivouac at high altitude. We motivated each other and continued. But certain signs were clear, we were more tired than we realised or were prepared to admit. What's more, the fall that had only just been prevented earlier had made us very conscious of how precarious our situation was. 4.30 pm, night falls quickly in the autumn: a decision had to be made, because we knew we wouldn't have time to make it to safety before nightfall on this wind-beaten ridge. Fight, \*OR\*\*, give up and call the rescue services? [...] This is a horrible decision to have to make, one that no experience or training can really prepare you for: giving up while there's still time...

We were rescued by helicopter. It took two attempts because of the wind, which required the use of a more powerful aircraft.

[...]

**Trip preparation:** Standard trip preparation, i.e., route information, feedback from previous climbs, first-hand accounts, photos [...]. Mountaineers who trained regularly and were acclimatised.

The climb was initially planned by and for a two-person rope team. The third member, who regularly climbed with the other two and belonged to the same club, was invited to take part in the adventure at the last minute.

**Motivations:** a goal we had often thought about. A long and prestigious climb... for us.

**Reassessment of the risks during the course of the climb:** a near-miss at the start of the descent. This made us realise that we were not as alert as we had thought and that we had also overestimated our physical and mental state.

This climb requires a huge amount of concentration. We felt that we were making good progress, given that we had not been stopped by the various obstacles we had encountered, but these did eat up a lot of time.

#### **Mitigating factors:**

- The mutual trust between us. Our level of technical ability. The fact that we were in agreement regarding our capacity to continue the descent to find a bivouac spot.
- The decision to give up in time.
- The mobile phone signal...

#### **Factors that aggravated the situation:**

Three factors:

- A three-person rope team, which obviously cannot move as quickly as a pair.
- The length of the days in autumn: we didn't take into account the fact that the days were already quite short at this stage of the autumn.
- Warm wind at the summit: like the previous days, this had been a very hot and windless day in the valley. [...]

*The other scenarios summed up in a few words:*

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**Ailefroide, Voie Eteinte:** climb considered easy, confidence in their abilities – terrain tougher than anticipated – equipment unsuitable – loss of balance, fall.

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**South side of the Replat:** too difficult a climb chosen by the leader – climb longer and more difficult than expected – participants tired – loss of time – U-turn and setup of rappels – rockfall triggered by an inexperienced participant while rappelling.

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**Pic Jocelme, north-eastern couloir:** conditions more difficult than expected, unstable rock – U-turn – rappel anchor pulled out.

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**Pendulum fall on trad climbing route:** section considered easy by the leader – no protection placed on the traverse – section more difficult than expected for the second climber – pendulum fall by the second.

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*Situation no. 3: loss of concentration due to fatigue, overconfidence or a section being easy (5)*

In five of the scenarios, an individual's movements or the dislodging of a block causes a fall in a section where the participants report a drop in concentration due to one of several possible factors. This loss of vigilance or concentration appears to be the result of fatigue at the end of the outing, the perception that a section is easy or marks the end of the route's toughest obstacles, the fact that the participants are concentrating on another difficult obstacle, or the influence of an external element such as the route information used, which might inhibit the participants' personal analysis of the situation.

*Extract from an account:*

**Aiguille d'Argentière: Jardin ridge (fall and rescue)**

"Everything was going well, we had finished the hard sections and we were going up some steps after rappelling from the Casque. In this easy terrain, we were simul-climbing without intermediate points. I was in front. Suddenly, I dislodged a block with my left foot. I wasn't holding on to anything at the time and my right foot wasn't in a position to help. It was just above a step and I tipped backwards before I was able to catch myself. [...] I rolled and slipped down the rock, before stopping on a small ledge about 50 cm wide, some five metres below where I had fallen from. [...]"

**Conclusion:**

- Not all falls are due to the level of difficulty, and those that happen unexpectedly in easy sections are no less dangerous [...]"

*The other scenarios summed up in a few words:*

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**North peak of the Cavales:** easy section – simul-climbing, few protection points – loss of balance – fall.

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**Petit Pelvoux:** climb considered easy – fatigue at the end of the climb – reduced vigilance – fall by a participant during the descent.

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**Haute-Garonne, Luchon:** fatigue during the climb – block dislodged – fall.

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**Pointe des Arses:** familiarity with the terrain – section considered easy – bailing from the goal set was not an option – hastiness – block dislodged – fall.

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**Stockhorn:** total confidence in a reassuring resource (route information) – low level of vigilance, excitement – hold dislodged – fall.

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*Situation no. 4: hastiness, fatigue or the appeal of the least energy-intensive option leads to a poor strategic choice (4)*

Being tired can directly affect our ability to assess a situation and may lead, for example, to inadequate equipment being used (lack of crampons on a snow patch) or the wrong route being chosen. It can also cause us to choose the option that seems the least physically or mentally demanding, without considering that it may be more dangerous – we may even convince ourselves that it is no more risky. This might mean not taking a detour to avoid a tricky section, not taking the time to put on crampons, refusing to climb down or set up a rappel, etc., all the while convincing ourselves that “it’ll be fine”. This hastiness can occur irrespective of fatigue, simply through a desire to progress quickly and efficiently, which might lead to an incorrect strategic choice. For instance, one account describes the decision to access a climb by taking a direct glacier route strewn with crevasses, rather than a detour.

This “laziness” is not entirely conscious at the time the decision is made. Moreover, once committed to our choice, it can be difficult to turn back, and we may find ourselves in a “funnel” situation with no escape routes. This is illustrated by the following story.

Extract from the account:

**Aiguille d’Ole, fall on a snow patch:**

“The weather in September 2015 was glorious and three of us decided to take quite an easy rock climbing route, graded 4a. [...] The couloir on the descent was 300 metres high, which is pretty long. It was quite difficult and very much “mountain terrain”, with many tricky downclimbs and a few rappels to get down some small rises. We descended carefully and arrived at the top of a small grade II/III spur, on which it was not possible to place protection. At the bottom of the couloir, a snow patch had survived the hot summer of 2015, despite its southern exposure. Patrick, who led the climb, suggested making a small traverse to reach the top of the snow patch and avoid this final pitch. Having had my fill of awkward downclimbs, I thought it was a good idea, and we followed him (without roping up).

Reaching the snow patch was quite tricky [...]. We then realised that despite the southern exposure and the time (4 pm), the snow patch had not thawed, or only slightly [...]. It was clear that we had chosen the wrong option, but attempting to get back onto the rock seemed even more dangerous. [...]

**Other observations:**

We followed the route instructions. The only diversion we took was when we attempted to get around the last difficult section of the descent via the snow patch.

We went along with the suggestion of switching routes and heading to the snow patch without really discussing the idea.

Our assessment of the snow patch was inadequate [...].”

*The other scenarios summed up in a few words:*

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**Grand Pic de Belledonne:** fatigue – reduced vigilance – incorrect assessment of snow conditions – poor strategic choice (lack of crampons) – poor focus on the movement executed – fall.

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**Bec d’Arguille:** rappel in a couloir exposed to rockfalls – fatigue at the end of the outing – reduced vigilance – rockfall, participant struck by a rock.

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**Trident du Tacul:** a desire to quickly head to the planned route – faced with two possible glacier routes, the rope team chose the shorter one, which was more exposed – fall into a crevasse.

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**Situation no. 5: a number of factors prompt the rope team to turn around (1)**

In the following account, a whole set of factors was identified by the rope team as having the potential to cause an accident, before a final warning sign (falling rocks) convinced them to turn back and abort the climb. This is an example of a critical situation that was well handled by the participants. The aim is not to present bailing out of a climb as the only way to react to a critical situation, but instead to observe what enabled the participants to make this decision: taking into account various parameters when analysing the situation, re-evaluating the risks while escape routes were still easily accessible, and simply remaining open to the possibility that the initial plan could change. It is also interesting to note how carefully they had prepared for the outing: they expected the unexpected.

### **Climb abandoned under Fuorcla Prievlusa (rockfalls caused by other rope teams, storms forecast for the afternoon)**

Due to time constraints and the risk of thunderstorms in the afternoon, we had planned to traverse the Bernina in a single day and to be back at an altitude that would be safe in bad weather before 2 pm. This was our style of climb and we were on schedule. Unfortunately, when we arrived at the foot of Fuorcla Prievlusa, the last rope teams to leave the refuge were above us and caused showers of rocks to fall on us. [...] We came, we got hit by rocks, we left. Like riot police.

**Trip preparation:** Very good. We had studied two sets of route information on paper and several online (C2C and German-speaking sources). We had also read recent climb reports and called the refuges to find out about current conditions (fairly good, few sections covered in ice). We had observed the route from a summit opposite. As for the weather, we had checked and compared several models: the most optimistic was forecasting clouds late in the day, while the most pessimistic predicted thunderstorms as of 2 pm. We would need to be quite low down by then and that determined our start time.

We were perfectly acclimatised and well rested for the goal we had set ourselves, which was well within our technical and physical abilities.

We know each other well, especially when it comes to this style of climb. We had the presence of mind to turn around at the right time. Thanks to this experience, we will react even faster next time.

## 5. Key insights

Classifying these scenarios into five main categories provides a picture that is neither exhaustive nor definitive. Of course, in reality, the distinctions between these scenarios are much less clear-cut, with their respective contributing factors combining to create a huge variety of accident situations, each quite unique. Different situational dynamics and contributing factors may intertwine and overlap. **Thus, a whole set of factors tend to contribute to the occurrence of critical situations that offer little room for manoeuvre.**

Although it is not always possible to determine the importance of each of these factors, or even to understand them all, these observations allow us to suggest a number of risk prevention measures:

- When preparing for a climb, anticipate the **safety margins** you will need to maintain and reassess them during the course of the outing. Be aware that any room for manoeuvre you

might have will naturally reduce the more you progress along a route. Anticipate where you might be able to bail, if necessary, and how you can **adjust the initial plan**.

- **“Prepare to be unprepared”**: face up to the fact that the climb might not go according to plan. If something happens, do you have the resources (mental, physical, technical, equipment, experience, partners, etc.) to handle the situation and adapt to it?
- In particular, think about situations in which your **vigilance** might drop: during easy sections, after difficult obstacles, when tired, etc.
- Keep in mind that **seemingly insignificant events, or weak signals, can unexpectedly trigger a process that leads to an accident**.

**Preparation, the ability to adapt to unforeseen events and safety margins** appear to be crucial factors.

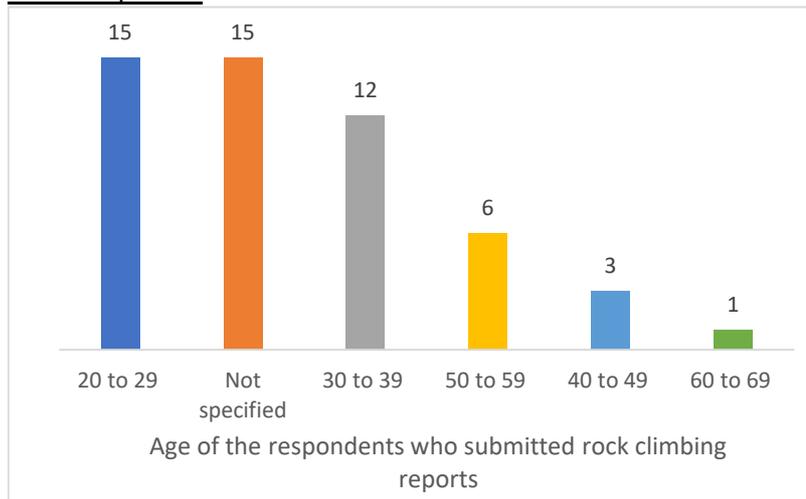
#### Strengths and limitations of the analysis of SERAC data

These initial findings may reflect situations that many have encountered in the past. The resulting recommendations are intended to influence the way in which mountaineers approach and handle high-risk situations. However, these descriptions and interpretations should be treated with caution: the analyses put forward are highly dependent on the contents of the stories submitted and their level of detail. Therefore, they should not be considered representative of all incidents and accidents that occur when partaking in mountain sports. Thus, we must refrain from over-generalising based on our sample, which remains small, and we should be mindful of the filter created by the particularities of members of the *Camptocamp* community. Nevertheless, these analyses reveal certain trends and may therefore serve to prevent many of the risks encountered if individuals take them into consideration.

## Who submits mountain rock climbing stories to SERAC and what consequences do they suffer?

Please note: the snapshot we present here is a collection of experiences submitted by climbers to SERAC – camptocamp. This is just one community and the information provided should not be used to make generalisations about individuals who engage in mountain-based activities, even if it reflects what has happened to a small proportion of them. It is important to bear in mind that the individuals who spend the most time taking part in such activities are the most likely to be involved in incidents or accidents.

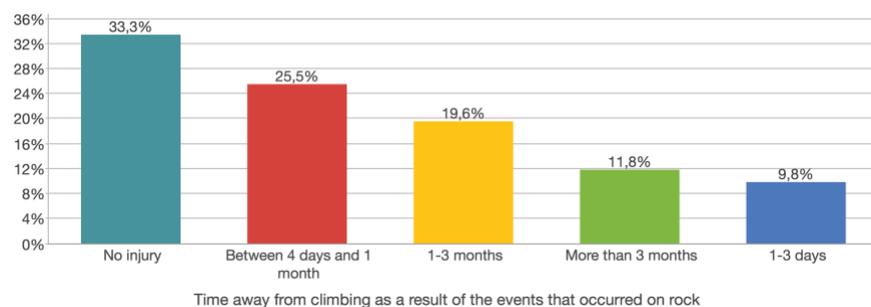
### Climber profile



The information available is not sufficient for a detailed profile of the climbers to be established. For example, 38% of respondents provide no information on their experience and the frequency with which they climb. Nonetheless, the data obtained on age and gender is consistent with previous analyses of the climbing community: the majority are men aged 20 to 39. Of the 42 accounts where gender is specified, 38 were submitted by men and 4 by women.

### Severity of the events

32.7% of the mountain rock climbing stories analysed did not involve injuries. However, this figure is lower than the overall proportion of SERAC stories that end without injury, i.e., 57%.



We have clearly fulfilled SERAC's objective of focusing on "incidents", i.e., events that do not result in physical trauma. Nonetheless, these stories highlight the negative aspects of situations that have led to an incident or accident.

### What about critical situations that do not result in an undesired event?

Few accounts highlight the positive aspects of dealing with a situation in the mountains. When looking back at past experiences, instead of wondering about the causes of incidents or accidents, ask yourself this: "What enabled me to stay safe? What skills did I apply and what can I learn from the experience, whether or not it led to an undesired event?"

Please share your experiences of complex situations in SERAC, highlighting what enabled you to stay safe. When recounting incidents that did not result in physical injury, ask yourself what you did to minimise the consequences.