



# Incident Report

Date of Incident: 2026-03-18

**Stephan Mantler**

HÁFJALL EHF. Dynjandi, 781 Hornafjörður, Iceland

## General Information

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Seriousness of incident	<b>Third Party Accident / Rescue</b>
Date of incident	<b>2026-03-18</b>
Report written by	<b>Stephan Mantler</b> [REDACTED] (SM)
Tour leader	<b>N/A</b>
Name of tour	<b>N/A</b>
Place of incident	<b>Falljökull</b> ([REDACTED])

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### Revision History

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0.1	2026-03-19	first draft
1.0	2026-03-20	images added
1.1	2026-03-22	extended section on observations and remarks

## Description of incident

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– ALL TIMES APPROXIMATE –

At 14:32 I (SM) received a text notification from our search & rescue team indicating an injured person on Falljökull. I happened to be at Jökulsárlón at the time and decided to drive directly to the location by myself, notifying our team that I would be on the way but without SAR radio comms.

At 15:15 I arrived at the inner parking lot of Falljökull, equipped myself with my standard guiding backpack, and begin ascending the glacier. I eventually caught up with the SAR team from Öræfi and other guides moving to assist in the rescue, and we arrived at the site of the incident together at around 15:40.

Weather on Falljökull was sunny / slightly overcast, calm, with ambient temperatures of 5-6°C.

The site of the incident was near the ice fall on the upper plateau of Falljökull. Directly above, disturbed snow indicated a slide line in moderately steep terrain which was indicative of a controlled slide. The casualty was alert and oriented but agitated, with full recollection of events. They reported being encouraged by their guide to slide down this slope, and while doing so a crampon caught violently, injuring their left ankle in the process. Site, reported MOI, and symptoms were satisfactory to exclude head trauma or spinal injury.

At this time, the casualty had already been packaged into a stretcher by the guide team. I primarily focused on a supporting role, taking time stamped notes of the casualty's condition etc., and providing additional material for anchor building, as well as additional cover (down parka, thermal blanket) for the casualty when she complained of getting cold. CSM, pain scale, and temperature comfort were checked repeatedly and showed no major changes over time.

Once it was confirmed that transport by helicopter was available, a plan was formulated to move to a suitable landing / winching location, with teams going ahead and setting up anchors for a leap-frogging belay. Movement of the casualty started at about 16:15 and transitioned over three belay points (two single rope, low angle sections; one section with a TTRS due to a short high angle section), followed by a flat section to the landing zone. The glacier was covered by good levels of snow allowing easy and smooth gliding of the stretcher. Transportation took about 20 minutes.

The LHG helicopter arrived at 16:52 for a hot landing, allowing its medical crew to disembark before lifting off again. After a brief medical review, the casualty was repackaged into the helicopter's stretcher and transported into the helicopter, which once again came in for a hot landing and lifting off at 17:06.

With the casualty handed off, the various teams wrapped up and proceeded to leave the glacier. I returned to my vehicle at approximately 18:00, concluding the incident.

## Actions taken by tour leader

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(included above)

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### Personal information

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Name of casualty [REDACTED]  
Description of injury Suspicion of ruptured ligament / bone fracture in left ankle  
Transferred to hospital? **yes**  
Transported by ambulance? **no**  
Other transportation? **Evacuation by local operators & ICE-SAR, airlifted by LHG**  
Police called to the scene? **unknown**  
Rescue teams involved: **ICE-SAR Öräfi, Höfn, Kirkjubæjarklaustur; Ambulance; LHG;**  
[REDACTED]

### Passengers

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Were any other group members in need of trauma support? **Unknown**

Was trauma support offered? **Unknown**

Other actions taken concerning passengers:

**Evacuated off the glacier**

Witnesses to the accident:

**Unknown, possibly guide & clients of operating company**

### Organization

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Was the insurance company notified **unknown**  
Actions taken in the wake of the incident **none at the time of writing this document**

## Overview Map

Evacuation route highlighted red (descending from east to west). Yellow path shows my (SM) track from the car park to the incident side (far right).

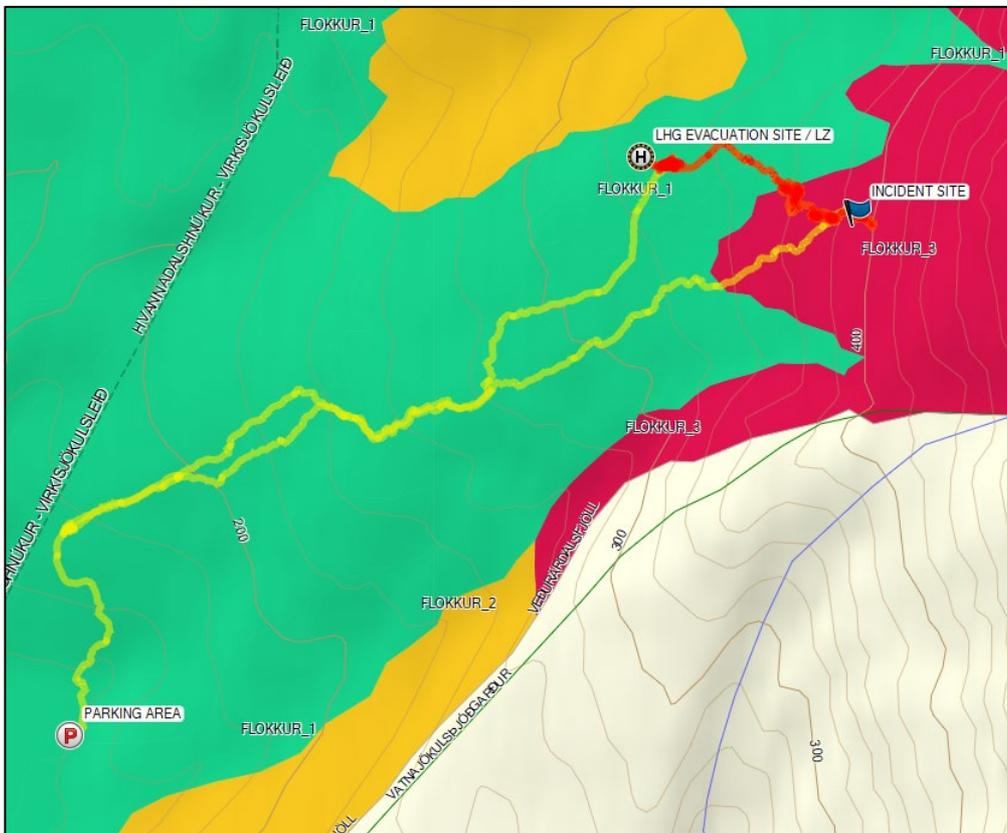


Image 1. Overview map.

Incident Site



Image 2. Casualty packaged into stretcher and getting ready for transport. Note slide lines in the snow & ice directly above the anchor location.



Image 3. Magnification of the previous image. Apparent tracks in the snow are compatible with people sitting down and sliding on the snow / ice towards the viewer.



Image 4. Lowering down the steepest section. Twin tension rope system for belay, two lateral support ropes from above, a directional tension rope from below, and one attendant moving with the casualty.

### General Observations

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Without a statement from the guide on scene or other witnesses, the exact chain of events is up to a certain amount of speculation. However, the brief statement I received from the casualty as well as indications onsite indicate that the root cause of the incident was the group using the opportunity to sit down in the snow and slide down a seemingly benign slope with a safe, snow-covered runout. This leads me to believe that the danger of a customer's crampon catching in snow or ice and resulting in significant injury was not identified or judged correctly, possibly because similar activities had been performed on previous days with no negative outcome.

It was clear to me that the companies operating in the area had prepared for and pre-planned similar rescues before. A change in command structure once ICE-SAR arrived created minor miscommunications, but those were easy to remedy or inconsequential (only resulting in minor inefficiencies).

All necessary equipment to affect an efficient rescue had been stashed on the glacier beforehand and retrieved on route to the incident site, except for additional anchor material which was provided from the PPE carried by guides and rescuers.

Despite the calm and favorable weather, the casualty did get cold over time, and I provided her with an additional down parka and thermal blanket. If we had experienced more wind, or if the rescue had been a prolonged operation going into the night (where the forecast indicated precipitation), this could have developed into a concern for hypothermia.

It was extremely fortunate that the LHG helicopter was available and could perform a hot landing. This facilitated the extraction compared to a winching operation or having to lower the casualty all the way down glacier to the car park. There was sufficient manpower to

perform the rescue, but a prolonged carry may have brought the responding rescuers and guides to their limits.

## Summary and Follow-Up Actions

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Overall, this was a very swift and efficient rescue operation, in no small part due to the preparedness and close cooperation of the local operators. While a successful and safe rescue is a highly desirable outcome, we should look towards preventing future incidents whenever possible.

Having not observed the incident myself, and without further details from other witnesses, it is difficult to make statements with absolute certainty. That said, the apparent mechanism of injury was a slide down a slope in which a crampon caught in snow or ice. Assuming the slide was intentional (as indicated by the casualty), there are several factors that have, or may have, contributed to the incident:

- **Slides as an intentional activity.** This can be a harmless and fun activity but requires careful site evaluation and management and incurs multiple complicating factors, listed below.
- **Use of crampons when sliding.** The danger of crampons catching the ice or snow during a high energy slide is well known and they are often removed for activities such as self-arrest training.
- **Customer ability.** Language barriers, physical fitness and limited risk awareness may cause customers to behave differently from instructed or expected (an instruction to “keep your feet off the ground” may be thus ineffective).
- **Customer clothing.** Customers may wear clothing that creates substantially lower levels of friction, making them slide much faster than originally expected.
- **Footwear.** Soft, poorly fitting, or loosely bound boots do not provide enough stability and ankle protection.
- **Site choice.** Low-angle terrain may be benign enough to be generally considered safe even with crampons, but this may slowly escalate into a progression towards more “fun” and thus more hazardous locations.
- **Run in.** Slide runs over snow can become substantially faster as the initially loose snow is compacted and polished by each slide, and/or eroded down to the ice layer underneath. Melt/freeze cycling will accelerate this progress.
- **Summer conditions.** With the glacier transitioning towards summer conditions, guides tend to feel like conditions are getting easier – which is also certainly often the case. However, “easy” and “safe” are not interchangeable, and changes in risk profile can easily lead to errors in judgment. If the glacier feels safer and easier than normal, one might easily also assume other associated activities to be safer than they are.
- **Risk normalization.** Revisiting the same sites, and repeating the same activity, even if at first perceived as somewhat sketchy, can quickly be seen as perfectly acceptable after a few iterations. This diminishes the opportunity for critical re-evaluation of changing conditions that may push any risks beyond acceptable limits.
- **Guide training and experience.** The training and experience level of the guide on this tour is unknown to me, but training and experience are a critical component for correctly identifying risks and applying suitable mitigation strategies.
- **Human error and guide fatigue.** Even with proper training and experience, people make mistakes. Mental or physical fatigue, be it due to sickness, high overall workload, distraction by world events or private life, or a host of other contributing factors, all

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increase the chances of making errors in judgment and perhaps not becoming aware that conditions have indeed changed in subtle ways since the last tour.

- **Group dynamics.** Watching other tour groups successfully perform a certain activity can easily motivate guides to follow those examples and implicitly rely on the assumed good judgment of the other guides.
- **Company culture.** Some companies may encourage their guides to find additional activities such as this as part of their tours, while others consider them strictly out of bounds.

If the slide was accidental, much of the above still applies, although perhaps in slightly different ways. **Site choice**, for example, would then be related to taking any exposure to an accidental slide into account and protecting customers against that (by changes in route selection, group management, or other means).

Other possible follow-up actions might include:

- **Cooperation with ICE-SAR teams on rescue practices.** To facilitate future cooperation with ICE-SAR teams, full scale rescue practices involving any teams that may be called in might be helpful, to ensure any handover or change in command structure is as seamless as possible, and local SAR personnel.
- **Rope systems rehearsal.** In some instances, communication during handovers between belay stations was unclear. A brief rehearsal / dry run would have been beneficial, especially if we had encountered conditions without a direct line of sight. This is especially the case for teams from different backgrounds that do not collaborate frequently, to ensure everybody expects and uses the same language and/or signals.
- **Local helicopter availability.** It might be worth conversing with the local sightseeing operation about providing helicopter assistance if an urgent evacuation to Reykjavík and patient management on board are not required. They have on occasion assisted with rescue operations and are merely minutes away, which could significantly reduce the time until a casualty is off ice.
- **Patient packaging.** I did not see the full layering of the patient package, but I suspect that adding one more full-length layer (sleeping bag and/or tarp) would have reduced any concern for hypothermia – especially if a prolonged carry rescue would have become reality – and eliminated the need for the additional jacket(s) and thermal blanket I provided.
- **Eye protection.** It might be worth providing eye protection (snow goggles) to supine patients by default, especially when a helicopter operation or high winds are expected.

I would highly recommend **companies operating in other remote areas to rehearse similar scenarios**, especially from places where an extraction may require traversing difficult terrain. It was evident that the preparedness of the companies onsite significantly helped with an efficient operation, and such rehearsals could be very instructive to evaluate which type of equipment may be beneficial to have available elsewhere, where to store it, what the process would be to access it, and how much manpower would be required to perform a safe and successful evacuation.