



Witness Statement of Incident

Vice President - HSE

FM-CO-HSE-021
24-Feb-20

Witness Information			
Name:	RYAN LAWORZYNSKI		
Job Position:	AD	Employer:	VALARIS
Years of Experience in Position:	7 yr	Years of Experience in Industry:	9 yrs
Rig:	DS-16	VOS Case No.	
Date / Time of Incident:	3/12/22	Were you injured due to the incident? (Y/N)	<input checked="" type="radio"/>
Incident Information			
What happened (describe how the incident occurred)?	WHILE RETRIEVING MORING LINES WITH THE MARINE + DECK CREW UTILIZING THE WINCH I WITNESSED THE DOCK CREAT STILL ATTACHED		
What was your specific job / task at the time of the incident?	I CALLED AN ALL STOP AND THE CREAT FELL OFF INTO THE WATER AFTER THE CREAT FELL OFF WE CONTINUED TO RETRIEVE MORING LINES WHICH		
Where did it happen?	WERE BOTH INTACT, SHIPYARD		
Environmental conditions at the time of the incident?	HIGH WINDS		
List any injuries you witnessed as a result of the incident?	NONE		
List any equipment damage you witnessed as a result of the incident?	DOCK CREAT		
Individual's Certification (Please read carefully)			
I hereby certify that the facts set forth in the above 'Witness Statement of Incident' are true and complete to the best of my knowledge. I understand the willful making of any false or misleading statement or representation shall be considered cause for dismissal from Valaris (if Valaris Employee). Submitting this form serves as an electronic signature and date of witness statement.			
Witness Name:	RYAN LAWORZYNSKI	Witness Signature:	
Date / Time:	3/12/22	Translator needed? (Y/N)	
Translator Name:		Translator Signature:	