

**RESTRICTED**  
**MORNING REPORT** FORM 2400 **3** **March** **1965** **5**  
 ORGANIZATION **Hq Co 1 Bn 137 Inf 'Wgt Inf**  
(REG. CO. SER. UNIT) (GRADE) (TYPE OF SERVICE)  
 STATION OR LOCATION **Homberton 089606 Nord de**  
 NAME **Charles Oskra** GRADE **1LT** NOS. **1** CODE **1**

**No Change**  
**Limited Assignment Personnel**  
**Assigned or Attached Unassigned**  
**1 RM 0 Officers 1 Total**

RTE	ASST	ASSTD	TOTAL	STAND	PRESENT				ABSENT			
					FOR	ACT FOR	7 S	8 S	9 S	10 S	11 S	12 S
					FOR	ACT FOR	7 S	8 S	9 S	10 S	11 S	12 S
					1							
					3							
					1							
					5							
					0/1							
					3							
					12/0							
					4/7							
					6/15							
					81			1			2	
					5			5				
					134			131	1		2	

I CERTIFY THAT THIS MORNING REPORT IS CORRECT. PAGE **1** OF **1** PAGES

SIGNATURE *Caryl H Oskra*  
**CARYL H OSKRA**

(GRADE) **1LT** (TYPE OF SERVICE)