

LOCATION Aviation Squadron 35256 Nord de Guerre Zone
ORGANIZATION Inf Co 137 Inf Regt Inf

No Change

RECORD OF EVENTS

DATE 12-04-40 **BY** SAS JAMESON **STATUS** V 1

| OFFICER STRENGTH | FLD O & CAPT | | 1ST LT | | 2D LT | | W/O | | FLT O | |
|------------------------|--------------|--------|----------|--------|---------|--------|----------|--------|---------|--------|
| | PRESENT | ABSENT | PRESENT | ABSENT | PRESENT | ABSENT | PRESENT | ABSENT | PRESENT | ABSENT |
| ASSIGNED | 2 | | 1 | | | | 1 | | | |
| DETACHED | | | | | | | | | | |
| UNASSIGNED | | | | | | | | | | |
| DETACHED FR OTHER ORGN | | | | | | | | | | |
| TOTAL | 2 | | 1 | | | | 1 | | | |

| OFFICER STRENGTH | AVIATION CADETS | | ENLISTED MEN | | | |
|------------------------|-----------------|--------|------------------|----------------------|----------|--------------------|
| | PRESENT | ABSENT | PRESENT FOR DUTY | PRESENT NOT FOR DUTY | ABSENT | PRESENT AND ABSENT |
| ASSIGNED | | | 165 | | 1 | 166 |
| DETACHED | | | | | | |
| UNASSIGNED | | | | | | |
| DETACHED FR OTHER ORGN | | | | | | |
| TOTAL | | | 165 | | 1 | 166 |

| | | | | | |
|-----|----------------------------------------|-----------------------------------------------|--------------------------------------|--------|---------|
| I | | ESTIMATED NUMBER OF RATIONS REQUIRED FOR DATE | DATE | NUMBER | |
| | | | | | |
| II | MESS ATTENDANCE FOR DAY OF THIS REPORT | | | TOTAL | AVERAGE |
| | BREAKFAST | DINNER | SUPPER | + 3 | |
| III | MEN AUTHORIZED TO MESS SEPARATELY | | MEN ATTCHD FOR RATIONS OR OTHER MESS | | |
| | MEN PRESENT | LESS | NET | PLUS | TOTAL |

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION REQUIREMENTS ARE AS REPORTED AND TOTAL COPY OF THIS REPORT IS BEING FORWARDED TO THE COMMANDING OFFICER.

SIGNATURE CARYL H. OSKELA 1 Lt Inf

(GRADE, LAST OR SERVICE)