

COMPANY RESTRICTED

MORNING REPORT

ENDING
2400

17

Dec

194

4

(DAY)

(MONTH)

(YEAR)

STATION Frauenberg 05559 Nord de Guerre Zone

ORGANIZATION Co L 137 Inf Regt Inf

(CO, DET, ETC.)

(PARENT ENT)

(ARM OF SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
37537290	Holinger, Marion R	745	Pvt
er Dy to SSA Dropped r Asgmt			
36000252	Klimek, Anthony S	745	Pvt
er Dy to LSA Dropped r Asgmt			
36649249	Wyskowski, John	745	Pvt
37170315	Meyer, Otmar R	651	T Sgt
Above 2 er Dy to Slightly Sk Dropped r Asgmt			

RECORD OF EVENTS

MAP USED SABERBUCHER SEITE 1

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABST	PRES	ABST	PRES	ACC'T	PRES	ABST	PRES	ABST
ASSIGNED	1		3							
ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN										
TOTAL	1		3							

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			93		5	98
ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN						
TOTAL			93		5	98

R I ESTIMATED NUMBER OF / DAY OF WEEK _____ HOURS

A RATIONS REQUIRED FOR / DATE _____

T II MESS ATTENDANCE FOR DAY OF THIS REPORT

BREAKFAST	DINNER	SUPPER	TOTAL	AVERAGE

O MEN AUTHORIZED TO MESS SEPARATELY _____ MEN ATCHD FOR RATIONS

N III MEN ATCHD TO OTHER ORGN FOR RATIONS _____ NET _____ C & OTHERS MESS. _____

S MEN PRESENT _____ LESS _____ FILED _____

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REQUIRED TO ME

SIGNATURE Caryl H. [Signature]
Caryl H. [Signature] 1 Lt Inf