

COMPANY

RESTRICTED

MORNING REPORT

ENDING  
2400 1  
(DAY)

Aug

194 4  
(YEAR)

Lambert Zone 1

STATION Torigni Sur Vire 1 1/2 mi NW T 5555

ORGANIZATION Btry C

161 FA Bn

FA

(CO DET ETC.)

(PARENT UNIT)

(ARM OR SERVICE)

SERIAL NUMBER

NAME

GRADE

CODE

No Change

## RECORD OF EVENTS

No Change in Position. Continued to  
support 134 Inf. Map Used: St Lo  
Sheet #34/14 NW.

| OFFICER<br>STRENGTH       | 100 & CPT |      | 1ST LT |      | 2D LT |      | WO   |      | PLT O |      |
|---------------------------|-----------|------|--------|------|-------|------|------|------|-------|------|
|                           | PRES      | ABST | PRES   | ABST | PRES  | ABST | PRES | ABST | PRES  | ABST |
| ASSIGNED                  | 1         |      | 2      |      | 1     |      |      |      |       |      |
| ATTACHED<br>UNASSIGNED    |           |      |        |      |       |      |      |      |       |      |
| ATTACHED TO<br>OTHER ORGN |           |      |        |      |       |      |      |      |       |      |
| TOTAL                     | 1         |      | 2      |      | 1     |      |      |      |       |      |

| AVN CADET<br>& ENLISTED<br>STRENGTH | AVIATION CADETS |        | ENLISTED MEN        |                         |        |                       |
|-------------------------------------|-----------------|--------|---------------------|-------------------------|--------|-----------------------|
|                                     | PRESENT         | ABSENT | PRESENT<br>FOR DUTY | PRESENT<br>NOT FOR DUTY | ABSENT | PRESENT<br>AND ABSENT |
| ASSIGNED                            |                 |        | 91                  |                         | 1      | 92                    |
| ATTACHED<br>UNASSIGNED              |                 |        |                     |                         |        |                       |
| ATTACHED TO<br>OTHER ORGN           |                 |        |                     |                         |        |                       |
| TOTAL                               |                 |        | 91                  |                         | 1      | 92                    |

| R<br>A<br>T<br>I<br>O<br>N<br>S | ESTIMATED NUMBER OF<br>RATIONS REQUIRED FOR | DAY OF WEEK<br>DATE | NUMBER |         |
|---------------------------------|---------------------------------------------|---------------------|--------|---------|
|                                 |                                             |                     | TOTAL  | AVERAGE |
| II                              | MESS ATTENDANCE FOR DAY OF THIS REPORT      |                     | 288    | 95      |
| III                             | BREAKFAST 95 DINNER 95 SUPPER 95            |                     |        |         |
| IV                              | MEN AUTHORIZED TO<br>MESS SEPARATELY        |                     |        |         |
| V                               | MEN ATTCHD TO OTHER<br>ORGN FOR RATIONS     | 1                   | NET    | TOTAL   |
|                                 | MEN<br>PRESENT                              | 91                  | LESS   | 90      |
|                                 |                                             |                     | PLUS   | 5       |
|                                 |                                             |                     |        | 95      |

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND  
THE DATA FIGURED IN PART IS REPRESENTATIVE OF THE  
COUNT AS REPORTED BY ME.

SIGNATURE

THOMAS E THOLEN WOJG USA 161 FA BN

M A 2 4 0 FORM NO. 1

(NAME)

RESTRICTED

(60100) (ARM OR SERVICE)

MARCH 25, 1944

AND COPY THIS REPORT ON DCU