

RESTRICTED

MORNING REPORT FORM 100-10 **SI** **May** **5**

ORGANIZATION **Med Det** **161 PA SB** **NO**

STATION OR LOCATION **Ludwigshafen RA 6058**

NAME **Nord Dr. Gierke Bonn**

No Change

RECORD OF EVENTS

No change in position. Occupational duties.

	DATE		TIME		LOCATION		REMARKS		INITIALS		PAGE	
	DAY	MONTH	HR	MIN	PL	ST	ACT	RE	INIT	DATE	NO	OF
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I CERTIFY THAT THIS MORNING REPORT IS CORRECT.

SIGNATURE: *Thomas E Tholen* **THOMAS E THOLEN** **NO. 1** **USA**

RESTRICTED