

# COMPANY MORNING REPORT

RESTRICTED

ENDING  
2400

4

Jan

194

5

STATION Gremelange 5740 Belgium

ORGANIZATION Sv Btry 161 FA Bn

PA

SERIAL NUMBER

NAME

GRADE CODE

No Change

## RECORD OF EVENTS

No Change in Position. Usual Com-  
bat Functions. Map: Bastogne 121

| OFFICER<br>STRENGTH                                 | FLO O & CART |      | 1ST LT |      | 2D LT |      | WO   |      | FLY O |      |
|-----------------------------------------------------|--------------|------|--------|------|-------|------|------|------|-------|------|
|                                                     | PRES         | ABST | PRES   | ABST | PRES  | ABST | PRES | ABST | PRES  | ABST |
| ASSIGNED                                            | 1            |      | 2      |      |       |      | 1    |      |       |      |
| ATTACHED<br>UNASSIGNED<br>ATTACHED FR<br>OTHER ORGN |              |      |        |      |       |      |      |      |       |      |
| TOTAL                                               | 1            |      | 2      |      |       |      | 1    |      |       |      |

| AVN CADET<br>& ENLISTED<br>STRENGTH                 | AVIATION CADETS |        | ENLISTED MEN        |                    |
|-----------------------------------------------------|-----------------|--------|---------------------|--------------------|
|                                                     | PRESENT         | ABSENT | PRESENT<br>FOR DUTY | ABSENT<br>AND AWAY |
| ASSIGNED                                            |                 |        | 69                  | 69                 |
| ATTACHED<br>UNASSIGNED<br>ATTACHED FR<br>OTHER ORGN |                 |        |                     |                    |
| TOTAL                                               |                 |        | 69                  | 69                 |

|                                 |                                        |                                        |        |                       |      |                     |       |         |
|---------------------------------|----------------------------------------|----------------------------------------|--------|-----------------------|------|---------------------|-------|---------|
| R<br>A<br>T<br>I<br>O<br>N<br>S | I                                      | ESTIMATED NUMBER OF                    |        | DAY OF WEEK           |      | NUMBER              |       |         |
|                                 |                                        | RATIONS REQUIRED FOR                   |        | DATE                  |      |                     |       |         |
|                                 |                                        | MESS ATTENDANCE FOR DAY OF THIS REPORT |        |                       |      |                     | TOTAL | AVERAGE |
|                                 | II                                     | BREAKFAST                              | DINNER | SUPPER                |      |                     |       |         |
|                                 | III                                    | MEN AUTHORIZED TO<br>MESS SEPARATELY   |        | MEN ATCHD FOR RATIONS |      | O & OTHERS<br>MESSD | TOTAL |         |
|                                 | MEN ATCHD TO OTHER<br>ORGN FOR RATIONS |                                        | NET    |                       |      |                     |       |         |
|                                 | MEN<br>PRESENT                         |                                        | LESS   |                       | PLUS |                     |       |         |

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SIGNATURE

THOMAS E THOLEN WOJG USA

M.D. & O.D. FORM NO. 1  
MARCH 19, 1943

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