

COMPANY RESTRICTED

MORNING REPORT

ENDING  
1300

4

Jul

1944

1944 British Cassini

STATION Okehampton (Devon) 1 mi N VT 0318

ORGANIZATION Med Det

216 FA Bn

MD

SERIAL NUMBER

NAME

GRADE CODE

No Change

| OFFICER<br>STRENGTH       | PLD O & CAPT |      | 1ST LT |      | 2D LT |      | WO    |      | FLT O |      |
|---------------------------|--------------|------|--------|------|-------|------|-------|------|-------|------|
|                           | PRESE        | ABSE | PRESE  | ABSE | PRESE | ABSE | PRESE | ABSE | PRESE | ABSE |
| ASSIGNED                  | 1            |      |        |      |       |      |       |      |       |      |
| ATTACHED                  |              |      |        |      |       |      |       |      |       |      |
| UNASSIGNED                |              |      |        |      |       |      |       |      |       |      |
| ATTACHED TO<br>OTHER ORGN |              |      |        |      |       |      |       |      |       |      |
| TOTAL                     | 1            |      |        |      |       |      |       |      |       |      |

| AVN CADET<br>& ENLISTED<br>STRENGTH | AVIATION CADETS |        | ENLISTED MEN        |                         |        | PRESENT<br>AND ENLISTED |
|-------------------------------------|-----------------|--------|---------------------|-------------------------|--------|-------------------------|
|                                     | PRESENT         | ABSENT | PRESENT<br>FOR DUTY | PRESENT<br>NOT FOR DUTY | ABSENT |                         |
| ASSIGNED                            |                 |        | 11                  |                         |        | 11                      |
| ATTACHED                            |                 |        |                     |                         |        |                         |
| UNASSIGNED                          |                 |        |                     |                         |        |                         |
| ATTACHED TO<br>OTHER ORGN           |                 |        |                     |                         |        |                         |
| TOTAL                               |                 |        | 11                  |                         |        | 11                      |

| R<br>A<br>T<br>I<br>O<br>N<br>S | ESTIMATED NUMBER OF<br>NATIONS REQUIRED FOR | DAY OF WEEK<br>DATE | NUMBER |         |
|---------------------------------|---------------------------------------------|---------------------|--------|---------|
|                                 |                                             |                     | TOTAL  | AVERAGE |
| II                              | MEAL ATTENDANCE FOR DAY OF THIS REPORT      |                     | 36     | 12      |
|                                 | BREAKFAST 12 DINNER 12 SUPPER 12            |                     |        |         |
| III                             | MEAL AUTHORIZED TO<br>MESS SEPARATELY       |                     |        |         |
| III                             | MEAL ATTACHED TO OTHER<br>ORGN FOR RATIONS  |                     |        |         |
| III                             | MEAL PRESENT                                | 11                  | 11     | 12      |
|                                 | LESS                                        |                     |        |         |
|                                 | PLUS                                        | 1                   | 1      |         |
|                                 | TOTAL                                       |                     |        | 12      |

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND  
THAT I HAVE FORWARDED IT TO MY SUPERIOR IN CHARGE  
AND TO THE COMMANDING OFFICER OF THE UNIT TO WHICH I AM  
ASSIGNED.

WILLIAM A. THOMAS WING USA

ORGANIZATION  
U.S. A. & S. FORM NO. 1

(NAME)

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