

RESTRICTED
MORNING REPORT FORM 100-1 **31** **Mar** **1964** **3**
ORGANIZATION **Med Det** **216** **PA Bt** **MD**
STATION OR LOCATION **Port of BA4326 Zone Nord**
NAME **SERIAL NUMBER** **GRADE** **DOB** **CODE**

No Change
No limited agent pers asgd or etchd assigned to this org

	AGE	STATUS	LVL	STATUS	PRESENT		ABSENT					
					FOR	NOT FOR	1	2	3	4	5	6
	1		1		1							
	1		1		1							
	1/1		1/1		1/1							
	1/2		1/2		1/2							
	1/2		1/2		1/2							
	5		5		5							
	u		u		u							

I CERTIFY THAT THIS MORNING REPORT IS CORRECT
 SIGNATURE *Gail R Thomas*
GAIL R THOMAS
WOJG **USA**