

COMPANY **RESTRICTED**  
 MORNING REPORT

ENDING 25  
 2400 (DAY)

Dec (MONTH)

194 4 (YEAR)

STATION Metz 8557 Nord de Guerre Zone

ORGANIZATION Med Det 35 Div Arty

MD

100. DET. ETC. 1

(PRESENT DUTY)

(NAME OR SERVICE)

| SERIAL NUMBER | NAME | GRADE | CODE |
|---------------|------|-------|------|
|---------------|------|-------|------|

No Change

RECORD OF EVENTS

Map Reference: Metz Sheet 34/13 NW 1/25,000

All EM atchd to Hq Btry Div Arty for rate ✓

| OFFICER STRENGTH    | FLD O & CAPT |      | 1ST LT |      | 2D LT |      | WO   |      | FLT O |      |
|---------------------|--------------|------|--------|------|-------|------|------|------|-------|------|
|                     | PRES         | ABST | PRES   | ABST | PRES  | ABST | PRES | ABST | PRES  | ABST |
| ASGD                | 2            |      |        |      |       |      |      |      |       |      |
| ATEND               |              |      |        |      |       |      |      |      |       |      |
| UNGRASD             |              |      |        |      |       |      |      |      |       |      |
| ATEND FR OTHER ORGS |              |      |        |      |       |      |      |      |       |      |
| TOTAL               | 2            |      |        |      |       |      |      |      |       |      |

| AVN CADET & ENL STRENGTH | AVIATION CADETS |        | ENLISTED MEN     |                      |        |                    |
|--------------------------|-----------------|--------|------------------|----------------------|--------|--------------------|
|                          | PRESENT         | ABSENT | PRESENT FOR DUTY | PRESENT NOT FOR DUTY | ABSENT | PRESENT AND ABSENT |
| ASGD                     |                 |        | 8                |                      |        | 8                  |
| ATEND                    |                 |        |                  |                      |        |                    |
| UNGRASD                  |                 |        |                  |                      |        |                    |
| ATEND FR OTHER ORGS      |                 |        |                  |                      |        |                    |
| TOTAL                    |                 |        | 8                |                      |        | 8                  |

|                                 |                                          |                  |         |
|---------------------------------|------------------------------------------|------------------|---------|
| B<br>A<br>Y<br>I<br>O<br>B<br>C | ESTIMATED NUMBER OF RATIONS REQUIRED FOR | DAY OF WEEK DATE | NUMBER  |
|                                 | MESS ATTENDANCE FOR DAY OF THIS REPORT   |                  |         |
|                                 | BREAKFAST                                | DINNER           | SUPPER  |
|                                 | TOTAL                                    |                  | AVERAGE |
|                                 | MEN AUTHORIZED TO MESS SEPARATELY        |                  |         |
|                                 | MEN ATCHD TO OTHER ORGS FOR RATIONS      |                  |         |
|                                 | MEN                                      | LESS             | TOTAL   |
|                                 |                                          |                  |         |

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