

# COMPANY RESTRICTED MORNING REPORT

ENDLINE  
2407

12

Nov

1944

4

STATION Jallaucourt 01 27 Nord de Guerre Zone  
ORGANIZATION Med Det 127 FA Bn MD

SERIAL NUMBER NAME GRADE CODE

No Change

RECORD OF EVENTS

Map used Saarbrücken Sheet V 1

Can support of 137 of

All FM atchd to Hq Btry for rat

| OFFICER<br>STRENGTH       | FIELD & CAPT |      | 1ST LT |      | 2ND LT |      | WO   |      | FLY G |      |
|---------------------------|--------------|------|--------|------|--------|------|------|------|-------|------|
|                           | PREG         | ABST | PREG   | ABST | PREG   | ABST | PREG | ABST | PREG  | ABST |
| ASSIGNED                  | 1            |      |        |      |        |      |      |      |       |      |
| ATTACHED                  |              |      |        |      |        |      |      |      |       |      |
| UNASSIGNED                |              |      |        |      |        |      |      |      |       |      |
| ATTACHED FR<br>OTHER ORGN |              |      |        |      |        |      |      |      |       |      |
| TOTAL                     | 1            |      |        |      |        |      |      |      |       |      |

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

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

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I CERTIFY THAT THIS REPORTING SYSTEM IS NECESSARY AND  
 THAT RATIONS PROVIDED OR NOT IS NECESSARY IN ORDER  
 TO BE REPORTED TO ME

SIGNATURE

W. J. C. HARR

1944