

RESTRICTED
MORNING REPORT

FORM 2400

20

April

5

ORGANIZATION **Co L**

137 Inf REGT

INF

(REG. NO., DIST., ETC.)

(PROPERTY UNIT)

(NAME OF SERVICE)

STATION OR LOCATION

Cammel Rd 8029 Nord St

NAME

NUMBER

GRADE

TCS

CODE

Johnson Frank B 2191223 Pfc

By 504

Fr Dy to Slightly Wounded (not in action) Lost to 113 Evac Hosp per Sec I Cir 33 Hq STCUSA 27 Mar 45

(GSV perf W pt forearm AS-I)

No limited assignment personnel assigned or attached unassigned to this organization

CLASSIFICATION	ADDED	ADDED DROPPED	TOTAL	ADDED DROPPED	PRESENT		ABSENT					TOTAL	
					FOR DUTY	NOT FOR DUTY	V 2	D 5	HC	COM	LE		AMBL
	151	(2)	(1)	(2)	151	(2)	(2)						151
	1		1		1								
	1		1		1								
	2		2		2								
	4		4		4								
	0/1		0/1		0/1								
	4		4		3						1		
	15/0		15/0		12/0		1				2		
	13/2		13/2		12/2						1		
	2/1		2/1		1/1						1		
	98		98		88		13				2		
	11		11		7		12				1		
	149		149		133		35				11		

I CERTIFY THAT THIS MORNING REPORT IS CORRECT.

Cammel
CAMMEL
REGT
INF