

STATION 1 BN BN Le Meauve T4970 Lambert Zone 1
 ORGANIZATION Med Det 137 Inf Regt Md
(CO, DET, ETC.) (PARENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
<u>27275236</u>	<u>Basel, Chris</u>	<u>Tec 5</u>	<u>AM</u>
<u>28226210</u>	<u>Taylor, Roy L</u>	<u>Tec 5</u>	<u>AM</u>
<u>Above 2 BN fr Dy to IMA-Lost to Hosp</u>			

RECORD OF EVENTS

MAP USED ST LO SHEET 6F/2

ALL BN ATCHD TO OTHR ORGNS FOR RATS

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLY O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	<u>9</u>									
ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN										
TOTAL	<u>9</u>									

AVE CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DV	ABSENT	PRESENT AND ABSENT
ASSIGNED			<u>103</u>		<u>2</u>	<u>105</u>
ATTACHED UNASSIGNED ATTACHED FR OTHER ORGN						
TOTAL			<u>103</u>		<u>2</u>	<u>105</u>

RATIONS

ESTIMATED NUMBER OF RATIONS REQUIRED FOR DAY OF WEEK _____ DAY _____ NUMBER _____
 DATE _____

MESS ATTENDANCE FOR DAY OF THIS REPORT

BREAKFAST	DINNER	SUPPER	TOTAL	AVERAGE

MEN AUTHORIZED TO MESS SEPARATELY _____ MEN ATCHD FOR RATIONS _____
 MEN ATCHD TO OTHER ORGN FOR RATIONS 102 NET 0 O & OTHERS MESSED _____ TOTAL _____
 MEN PRESENT 102 LESS 103 0 PLUS 0

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT FIGURES GIVEN IN PART ARE BASED ON ACTUAL

SIGNATURE CARL H. OSKRA 1 Lt Inf