

# COMPANY MORNING REPORT

RESTRICTED

ENDING  
2400

30 August

194

4

(DAY)

(MONTH)

(YEAR)

STATION Y 5357, Nord de Guerre Zone

ORGANIZATION Co A 320 Inf Regt

Inf

(CO, DET, ETC.)

(PARENT UNIT)

(ARM OR SERVICE)

| SERIAL NUMBER | NAME | GRADE | CODE |
|---------------|------|-------|------|
| No change     |      |       |      |

## RECORD OF EVENTS

Company A in assault. No casualties  
Map used Bar-sur-Sienne-Tonnorre  
Sht 12/H.

| OFFICER<br>STRENGTH       | FLD O & CAPT |      | 1ST LT |      | 2D LT |      | WO   |      | FLT O |      |
|---------------------------|--------------|------|--------|------|-------|------|------|------|-------|------|
|                           | PRES         | ABST | PRES   | ABST | PRES  | ABST | PRES | ABST | PRES  | ABST |
| ASSIGNED                  | 1            |      | 4      |      | 2     |      |      |      |       |      |
| ATTACHED                  |              |      |        |      |       |      |      |      |       |      |
| UNASSIGNED                |              |      |        |      |       |      |      |      |       |      |
| ATTACHED FR<br>OTHER ORGN |              |      |        |      |       |      |      |      |       |      |
| TOTAL                     | 1            |      | 4      |      | 2     |      |      |      |       |      |

| AVN CADET<br>& ENLISTED<br>STRENGTH | AVIATION CADETS |        | ENLISTED MEN        |                         |        |                       |
|-------------------------------------|-----------------|--------|---------------------|-------------------------|--------|-----------------------|
|                                     | PRESENT         | ABSENT | PRESENT<br>FOR DUTY | PRESENT<br>NOT FOR DUTY | ABSENT | PRESENT<br>AND ABSENT |
| ASSIGNED                            |                 |        | 166                 |                         | 1      | 167                   |
| ATTACHED                            |                 |        |                     |                         |        |                       |
| UNASSIGNED                          |                 |        |                     |                         |        |                       |
| ATTACHED FR<br>OTHER ORGN           |                 |        |                     |                         |        |                       |
| TOTAL                               |                 |        | 166                 |                         | 1      | 167                   |

|                                 |     |                                                 |               |                                 |                              |                     |                  |
|---------------------------------|-----|-------------------------------------------------|---------------|---------------------------------|------------------------------|---------------------|------------------|
| R<br>A<br>T<br>I<br>O<br>N<br>S | I   | ESTIMATED NUMBER OF<br>RATIONS REQUIRED FOR     |               | DAY OF WEEK _____<br>DATE _____ |                              | NUMBER<br>_____     |                  |
|                                 | II  | MESS ATTENDANCE FOR DAY OF THIS REPORT          |               |                                 |                              | TOTAL +<br>_____    | AVERAGE<br>_____ |
|                                 |     | BREAKFAST                                       | DINNER        | SUPPER                          |                              |                     |                  |
|                                 | III | MEN AUTHORIZED TO<br>MESS SEPARATELY _____      |               | MEN ATCHD FOR RATIONS <u>3</u>  |                              |                     |                  |
|                                 |     | MEN ATCHD TO OTHER<br>ORGN FOR RATIONS <u>1</u> |               | NET                             | O & OTHERS<br>MESSD <u>7</u> | TOTAL<br><u>175</u> |                  |
| S                               |     | MEN<br>PRESENT : <u>166</u>                     | LESS <u>1</u> | <u>165</u>                      | PLUS <u>10</u>               |                     |                  |

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND  
THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL  
COUNT AS REPORTED TO ME.

SIGNATURE

GERARD T ARMSTRONG CAPT INF

W.D., A.G.O. FORM NO. 1

(NAME)

Pers Off 320 Inf

(ARM OR SERVICE)

MARCH 29, 1943

WD COPY THRU MRD OR SCU