

**RESTRICTED**

ENDING  
2400

13

Sept

194 4

4

**Nord de Guerre Zone.**

STATION Z 8889. 1 Km West of Ormes-Et-Ville.

ORGANIZATION Hq Co 3rd Bn 320 Inf Regt

Inf

(CO, DET, ETC.)

(PARENT UNIT)

**FACE OF SERVICE**

| SERIAL NUMBER                | NAME                     | GRADE | CODE |
|------------------------------|--------------------------|-------|------|
| 34040343                     | Word, Glen T. (641)      | Pfc   |      |
| LIA dropped fr asgmt to RTD  |                          |       |      |
| 32199181                     | Hoffman, Walter J. (766) | Pvt   |      |
| LIA dropped fr asgmt to RTD. |                          |       |      |

## RECORD OF EVENTS

Map used Bayon 34/16.

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

| TOTAL                               |         | AVIATION CADETS |                     | ENLISTED MEN            |        |                       |
|-------------------------------------|---------|-----------------|---------------------|-------------------------|--------|-----------------------|
| AVN CADET<br>& ENLISTED<br>STRENGTH | PRESENT | ABSENT          | PRESENT<br>FOR DUTY | PRESENT<br>NOT FOR DUTY | ABSENT | PRESENT<br>AND ABSENT |
| ASSIGNED                            |         |                 | 117                 |                         | 2      | 119                   |
| ATTACHED<br>UNASSIGNED              |         |                 |                     |                         |        |                       |
| ATTACHED FR<br>OTHER ORGN           |         |                 |                     |                         |        |                       |
| TOTAL                               |         |                 | 117                 |                         | 2      | 119                   |

|                                 |     |                                          |        |                       |        |         |
|---------------------------------|-----|------------------------------------------|--------|-----------------------|--------|---------|
| R<br>A<br>T<br>I<br>O<br>N<br>S | I   | ESTIMATED NUMBER OF RATIONS REQUIRED FOR |        | DAY OF WEEK           | NUMBER |         |
|                                 |     |                                          |        | DATE                  |        |         |
|                                 | II  | MESS ATTENDANCE FOR DAY OF THIS REPORT   |        |                       | TOTAL  | AVERAGE |
|                                 |     | BREAKFAST                                | DINNER | SUPPER                | + 3    |         |
|                                 | III | MEN AUTHORIZED TO MESS SEPARATELY        |        | MEN ATCHD FOR RATIONS | 65     |         |
|                                 |     | MEN ATCHD TO OTHER ORGN FOR RATIONS      |        | 1                     | NET    |         |
|                                 |     | MEN PRESENT                              |        | 117                   | LESS   |         |
|                                 |     |                                          |        | 1                     | 116    |         |
|                                 |     |                                          |        | PLUS                  | 78     |         |
|                                 |     |                                          |        |                       | TOTAL  |         |
|                                 |     |                                          |        |                       | 194    |         |

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I CERTIFY THAT THIS HOODED REPORT IS CORRECT AND  
THAT NO OTHER FURTHER IN PART IS NECESSARY AND SHALL  
COUNT AS HOODED REPORT.

SIGNATURE **GERARD T ARMSTRONG** RAPT **TH**  
(NAME) (DATE OF SERVICE)

W.B. A.G. Form No. 1 (NAME) **Personnel Officer** (GRADE) (ADM. or SERVICE)