

# COMPANY R 320 INF REGT MORNING REPORT

ENDING

ECOD

(DATE)

(COMPANY)

(GRADE)

STATION P 5258, Bastogne, Belgium.

ORGANIZATION Hq Co 3 Bn 320 Inf Regt

Inf

(CO, DET, ETC.)

(STUDENT UNIT)

(ARM OR SERVICE)

| SERIAL NUMBER | NAME | GRADE | CODE |
|---------------|------|-------|------|
|---------------|------|-------|------|

|                                      |                       |     |      |
|--------------------------------------|-----------------------|-----|------|
| 33765515                             | Piber, Clyde S. (745) | Pvt | A 4  |
| Ascd & id fr Co K 320 Inf 15 Jan 45. |                       |     | 1501 |
| Race W DCO 245.                      |                       |     | 745  |

## RECORD OF EVENTS

Map used Bastogne Sheet 121.

| 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            |      | 3      |      |       |      |      |      |       |      |
| ATTACHED<br>UNASSIGNED    |              |      |        |      |       |      |      |      |       |      |
| ATTACHED FR<br>OTHER ORGN |              |      |        |      |       |      |      |      |       |      |
| TOTAL                     | 1            |      | 3      |      |       |      |      |      |       |      |

| 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                            |                 |        | 116                 |                         | 1      | 117                   |
| ATTACHED<br>UNASSIGNED              |                 |        |                     |                         |        |                       |
| ATTACHED FR<br>OTHER ORGN           |                 |        |                     |                         |        |                       |
| TOTAL                               |                 |        | 116                 |                         | 1      | 117                   |

|                                 |     |                                             |        |                       |                     |        |       |         |
|---------------------------------|-----|---------------------------------------------|--------|-----------------------|---------------------|--------|-------|---------|
| 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 |       |         |
|                                 |     |                                             |        |                       |                     |        |       |         |
|                                 | II  | MESS ATTENDANCE FOR DAY OF THIS REPORT      |        |                       |                     |        | TOTAL | AVERAGE |
|                                 |     | BREAKFAST                                   | DINNER | SUPPER                |                     |        |       |         |
|                                 | III | MEN AUTHORIZED TO<br>MESS SEPARATELY        |        | MEN ATCHD FOR RATIONS |                     |        |       |         |
|                                 |     | MEN ATCHD TO OTHER<br>ORGN FOR RATIONS      |        | NET                   | O & OTHERS<br>MESSD |        | TOTAL |         |
|                                 |     | MEN<br>PRESENT                              |        | LESS                  |                     | PLUS   |       |         |
|                                 |     |                                             |        |                       |                     |        |       |         |
|                                 |     |                                             |        |                       |                     |        |       |         |
|                                 |     |                                             |        |                       |                     |        |       |         |

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I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND  
THAT RATIONS PROVIDED IN THEREIN REPRESENT AN ACCURATE  
COUNT AS REPORTED.

SIGNATURE

GERARD T. ARBERG

CAPT INF

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Personal Officer 320 Inf

(GRADE) (ARM OR SERVICE)