

RESTRICTED

MORNING REPORT FORM 100 **18 February** NO. 5

ORGANIZATION **Med Det** (UNIT) **320 Inf Bde** (MONTH) **MD** (YEAR)

STATION OR LOCATION **8269 Bldg German Nord de** (ARM OR SERVICE)

NAME: **Fox, Allen S** SERIAL NUMBER: **36631474** GRADE: **Tec 3** CODE: **1**

Dy to Temp Dy 18 Reinf Depot APO 872

Limited Assignment Personnel, Assigned & attached unassigned: Off 0; EM 10; Total 10

RECORDS OF EVENTS

Routine Medical Serv to Troops

(1)	ASGD (2)	ATCHD UNASGD (3)	TOTAL (4)	ATCHD FATHER ORG'S (5)	PRESENT		ABSENT					
					FOR DUTY (6)	NOT FOR DUTY (7)	Y D D S (8)	SK (9)	CONF (10)	LY FUR (11)	AWOL (12)	MISS-ING (13)
GEN												
COL												
MAJ	1		1		1							
1ST LT	5		5		5							
2ND LT	4		4		4							
PLT	10		10		10							
1ST SGT												
2ND SGT	2		2		2							
3RD SGT	5/9		5/9		4/8		1/1					
4TH SGT	1/13		1/13		1/13							
5TH SGT	4/24		4/24		4/23		0/1					
PLT	62		62		61		1					
PLT	15		15		14				1			
TOTAL	135		135		130		4		1			

I CERTIFY THAT THIS MORNING REPORT IS CORRECT.

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SIGNATURE _____

GERARD T ARMSTRONG
Capt Inf

(GRADE)

(ARM OR SERVICE)