

INCIDENT REPORT FORM NO. 10-67 **21.** **Apr** **5**
REPORTING OFFICER **Eg Co 3 Bn** **1st Inf Regt** **Inf**
DATE OF INCIDENT **09.04.80** **(TIME)** **1400** **(DAY)** **MON** **(MONTH)** **APR** **(YEAR)** **80**
LOCATION OR LOCATION DATA **USG RI6026 Nord D. Guerre**

NAME	SERIAL NUMBER	GRADE	POB	COE
No Change				
No limited agent pers asg'd or atch'd unass'd				
This organ				

Evacuated all civilians out of town. Three
loads of "X" rations. M. rate Excellent

[illegible][illegible]