

COMPANY REPORT

STATION: [Blank] ORGANIZATION: [Blank]

SERIAL NUMBER	NAME	GRADE	ENJOY

OFFICER STRENGTH	HEAD Q & CAPT		1ST LT		2ND LT		WO		FLY G	
	FRES	ASS'T	FRES	ASS'T	FRES	ASS'T	FRES	ASS'T	FRES	ASS'T
ASSIGNED	2		1		3					
ATTACHED UNASSIGNED ATTACHED FR OTHER CORPS										
TOTAL	2		1		3					

ARMY CORPS & SERVICES STRENGTH	AVIATION CORPS		ENLISTED MEN			
	FRES	ASS'T	FRESH FOR DUTY	FRESH FOR RESERVE	ARMY	FRESH AND RESERVE
ASSIGNED			189		2	190
ATTACHED UNASSIGNED ATTACHED FR OTHER CORPS						
TOTAL			189		2	190

A	ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK			NUMBER
		MON	TUE	WED	

PAGE 1 OF 1 PAGES  
 SIGNATURE: [Blank]  
 DATE: [Blank]

**COMPANY MORNING REPORT**

ENDING 2400

DATE 2 November 1951

STATION **MANAGEMENT, France (107, 3-31, 8)**

ORGANIZATION **Co G, 218th Inf**

SERIAL NUMBER	NAME	GRADE	CODE
36725700	Johnson, Evelyn T.	Pfc	Y
ET OF 10 AT (UN) 30TH Med Air Sta. Fr			
St (UN) 30TH Med Air Sta to Fort de			
Keep ABC as of 1 Nov 51			
35734308	Bauer, Fred W.	Sgt	J
36762494	Gehan, Arthur R.	Pfc	
43012451	Paolantonio, Carlo F.	Pfc	
38197803	Hawling, John R.	Pfc	
36667561	Corpora, Sam J.	Pfc	
Above 5 RM Cr dr to told Co F this report			

OFFICER STRENGTH	FIELD CASY		INFANTRY		2d LT		WO		PLT	
	PRESENT	ABSENT	PRESENT	ABSENT	PRESENT	ABSENT	PRESENT	ABSENT	PRESENT	ABSENT
ASSIGNED	1		1		3					
ATTACHED										
UNASSIGNED										
ATTACHED FOR OTHER ORGN										
TOTAL	1		1		3					

AVIATION CASY	ENLISTED MEN	
	PRESENT	ABSENT
ASSIGNED	183	1
ATTACHED		
UNASSIGNED		
ATTACHED FOR OTHER ORGN		
TOTAL	183	1

B	I	ESTIMATED NUMBER OF	DAY OF WEEK	H. MEN
		RAYONS REQUIRED FOR		
A	II	DATE	TOTAL	AVERAGE
		MESS ATTENDANCE FOR DAY OF THIS REPORT		
C	III	BREAKFAST	DINNER	SUPPER
		MEN AUTHORIZED TO	MEN ATCHD FOR NATIONS	
M	IV	MESS SEPARATELY	0	2
		MEN ATCHD TO OTHER	2	5
S	V	ORGN FOR NATIONS	2	TOTAL
		MEN PRESENT	183	183
		LESS	2	181
				7
				188

PAGE 1 OF 2 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE **John T. PARTON** Capt

**MORNING REPORT**

3 November 1954

ORGANIZATION **509**

**1700 AM**

STATION OR LOCATION

**WASKITA LAKE, MISSISSIPPI**

NAME	BIRTH DATE	GRADE	MOB	CAST
<b>NO KNOWN</b>				

TIME	SECT	AVERG DIBSED	TOTAL	ST. CD FR. IN. T CHG'S	CURRENT			DENSITY					
					FOR DUFF (1)	NOT FOR DUFF (2)	T. D D. S (3)	SP	COND	PUR	APPL	WGT	
SEP													
10/1			1		1								
11/1			1		1								
12/1			3		3								
1/1			5		5								
0/1			0/1		0/1								
1/1			3		2			3					
11/1			11/0		11/0								
12/1			12/2		12/2								
7/1			7/0		7/0								
66			66		66								
74			74		74								

I CERTIFY THAT THIS MORNING REPORT IS CORRECT. PAGE 1 OF 1 PAGES

**WASKITA LAKE**  
 MISSISSIPPI  
 DATE: 11/3/54  
 TIME: 1700 AM

**MORNING REPORT**

REF ID: A66714

11/1/41

REGISTRATION NO. 33809189  
 NAME: Carraro, Dominick J.  
 SOCIAL NUMBER: 37773  
 GRADE: 1st Lt  
 BRANCH OR LOCATION: France  
 Fr dy to Sk (ID) 305th Med Clr Sta as of 3 Nov 41  
 Fr dy to Sk (ID) 305th Med Clr Sta as of 3 Nov 41  
 Fr dy to Sk (ID) 305th Med Clr Sta as of 3 Nov 41  
 Fr dy to Sk (ID) 305th Med Clr Sta as of 3 Nov 41  
 Fr dy to Sk (ID) 305th Med Clr Sta as of 3 Nov 41

**RECORD OF EVENTS**

CP set up at Manonscourt, France.

DATE	AGES	ATTENDANCE	TOTAL	ATTENDANCE PERCENT	PRESENT					ABSENT			TOTAL	
					FOR DUTY	ON ST.	Y U D S	ON	CONF	FUN	AWOL	UN		
11/1	1		1		1									
11/2	1		1		1									
11/3	3		3		3									
11/4	5		5		5									
11/5	0/1		0/1		0/1									
11/6	3		3		3									
11/7	11/0		11/0		10/0									
11/8	12/2		12/2		12/2									
11/9	7/8		7/8		7/8									
11/10	66		66		66									
11/11	73		73		73									
11/12	112/11		112/11		110/11									

I CERTIFY THAT THIS IS THE CORRECT RECORD OF THIS COMPANY FOR THE PERIOD INDICATED. 1 of 1 PAGES

SIGNATURE: *[Signature]*  
 UNITED STATES ARMY  
 11/1/41

MONTHLY REPORT

ORGANIZATION: 315th Inf

LOCATION OF COMPANY: 315th Inf

- 1. NAME: [Name] GRADE: [Grade] COMMENTS: [Comments]
- 2. NAME: [Name] GRADE: [Grade] COMMENTS: [Comments]
- 3. NAME: [Name] GRADE: [Grade] COMMENTS: [Comments]
- 4. NAME: [Name] GRADE: [Grade] COMMENTS: [Comments]
- 5. NAME: [Name] GRADE: [Grade] COMMENTS: [Comments]
- 6. NAME: [Name] GRADE: [Grade] COMMENTS: [Comments]
- 7. NAME: [Name] GRADE: [Grade] COMMENTS: [Comments]

ABOVE IS A LIST OF PERSONNEL AS OF 16 FEB

315th Inf

HEADQUARTERS: [Location]

RE: [Subject]

NO. [Number]

UNIT	ARMS	MACHINE	TOTAL	MCH/IN	PRESENT		ABSENT				TOTAL	
					JOBS	NOT JOBS	C.D.	RE	COMP	VP		OTHER
1	1	1	1	1	1							
2	2	2	2	2	2							
3	3	3	3	3	3							
4	4	4	4	4	4							

1947	0/1	0/1	0/1
1948	3	3	2
1949	10/0	10/0	10/0
1950	12/2	12/2	12/2
1951	7/8	7/8	7/8
1952	7/4	7/4	7/4
1953	6/5	6/5	6/5

I CERTIFY THAT THE ABOVE REPORT IS CORRECT.

SIGNATURE: [Signature] DATE: [Date]

REGIMENTAL REPORT

REGIMENTAL REPORT

STATION ON 1. DATA II

NAME: COMPANY: PLatoon: DATE: 1944

NO. OF MEN  
ABSENT OF NUMBER

OF 101st AIRBORNE DIVISION

CLASS	ABSENT	ABSENT	TOTAL	PRESENT			ABSENT					
				FOR DUTY	FOR DUTY	FOR DUTY	FOR DUTY	FOR DUTY	FOR DUTY	FOR DUTY		
GEN												
INF												
LT												
PL												
INF												
1ST	1		1									
2ND	2		2									
3RD	3		3									
4TH	4		4									
5TH	5		5									
6TH	6		6									
7TH	7		7									
8TH	8		8									
9TH	9		9									
10TH	10		10									
11TH	11		11									
12TH	12		12									
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16TH	16		16									
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27TH	27		27									
28TH	28		28									
29TH	29		29									
30TH	30		30									
31ST	31		31									

I CERTIFY THAT THIS REPORT IS CORRECT

SIGNATURE: \_\_\_\_\_

STATION OR LOCATION: FRANCE

NAME: FRANCE SERIAL NUMBER: 1000 GRADE: 1 AGE: 1 COM: 1

NO. OF COPIES: 1

NO. OF COPIES OF ORIGINAL: 1

NO. OF COPIES OF TRANSLATION: 1

NO. OF COPIES OF SUMMARY: 1

NO. OF COPIES OF ATTACHMENTS: 1

NO. OF COPIES OF INDEX: 1

NO. OF COPIES OF OTHER: 1

NO. OF COPIES OF TOTAL: 1

NO. OF COPIES OF ORIGINAL: 1

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NO. OF COPIES OF INDEX: 1

NO. OF COPIES OF OTHER: 1

NO. OF COPIES OF TOTAL: 1

NO. OF COPIES OF ORIGINAL: 1

NO.	ACAP	ACAP	VOYAK	ACAP	PRESENT				ABSENT				TOTAL
					FOR	NOT FOR	S. G.	S. G.	COMP	AV	AVOL	TR	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
1					1								1
2													
3													
4													
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NO.	ACAP	VOYAK	ACAP
1	10/1	10/1	10/1
2			
3	10/10	10/10	10/10
4	12/2	12/2	12/2
5	7/8	7/8	7/8
6	7/4	7/4	7/4
7	5/5	5/5	5/5

DATE: 10/10 TIME: 12:00

SIGNATURE: [Signature]

# MORNING REPORT

REPORT DATED

NOV 11 1969

ORGANIZATION Co 3

REPORT MADE AT 315th Inf Regt

STATION OR LOCATION 25th S. of Highway, Vietnam

NAME	GRADE	DATE	REMARKS
HENDER, Roy J.	Sgt	7 Nov 69	Spd Sgt in Pfc per Par 7 50/169 No 315th Inf dtd 8 Nov 69
Black, Malcolm P.	Cpl	7 Nov 69	Spd Sgt in Pfc per Par 7 50/169 No 315th Inf dtd 8 Nov 69
Smith, Harlan E.	Cpl	7 Nov 69	Spd Sgt in Pfc per Par 7 50/169 No 315th Inf dtd 8 Nov 69
Patterson, Hazel E.	Sgt	7 Nov 69	Spd Sgt in Pfc per Par 7 50/169 No 315th Inf dtd 8 Nov 69
Dean, Wade A.	Sgt	7 Nov 69	Fr dy to Sk (ID) 305th Med Cln Sta
Molle, Joan	Pfc	7 Nov 69	Fr Sk (ID) 305th Med Cln Sta
Morgan, William J.	Pfc	7 Nov 69	Fr dy to Hosp HRS on 7 Nov 69
Glatt, Marie E.	Pfc	7 Nov 69	Fr Sk (ID) 305th Med Cln Sta
DeLong, Henry M.	Sgt	7 Nov 69	Fr dy to Sk (ID) 305th Med Cln Sta
Hibon, Ronald K.	Pfc	7 Nov 69	Fr Sk (ID) 305th Med Cln Sta

ATTN	SERIALIZED	TOTAL	PRESENT			ABSENT			MISC
			IN	OUT	TR	LN	WOL	OTR	
111	(7)	(7)	111	000	00	00	00	00	00

I CERTIFY THAT THIS MORNING REPORT IS CORRECT: PAGE 1 OF 2 PAGES

SIGNATURE \_\_\_\_\_

CREATED BY STATE OF MICHIGAN



ORGANIZATION: U.S. AIR FORCE  
 STATION OR LOCATION: 300 YOUNG BLVD, TAMPA, FLORIDA

DATE	SERIAL NUMBER	GRADE	REG	NOTE
01/15				Ab initio on high ground (AF) via H.S. of Howard, Florida. Block started at 0615.

UNIT	REG	SERIAL NUMBER	TOTAL	AFR. R. PROTCN SER'S	PRESENT				ABSENT			
					OFF DUTY	NOT FOR DUTY	S.S. D.D.	SR	CONC	LE	PUS	UNK
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
101												
102												
103												
104												
105	1		1		1							
106	1		1		1							
107	3		3		3							
108	5		5		5							
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I CERTIFY THAT THIS MORNING REPORT IS CORRECT. PAGE 2 OF 2 PAGES

SIGNATURE: [Signature] DATE: [Date]

UNIT: 1st Battalion, 38th Infantry Division  
NAME: [Name] GRADE: [Grade] ASSIGNED TO: [Assignment]

James G. [Name] Pfc 745  
Fr dr (10) Lost to Hazz to dr for Pfc 2  
SOC 27 Da SOC In. Div. Ross White

James H. [Name] Sgt 553  
Ross White MOB 457  
Warren, Kenneth J. Pfc 745  
Ross White MOB 246

Above 2 PM fr dr (12) Lost to Hazz to  
dr for Pfc 1 SOC 219 Da SOC In. Div.  
McKenna, Lowell H. Pfc 542  
Fr dr to IMA BK 205th Med Ctr Sta on of  
8 Nov 44. Fr IMA BK 205th Med Ctr Sta  
to Lost to Hazz. (Qualified to Combat  
Inf Pay)

Ross, Kelley Pfc 746  
Duffy, Thomas J. S/Sgt 653  
Saulson, Hamilton W. Tec 5 745  
Tichen, Harold W. Cpl 653  
David, Paul E. Pfc 745

Above 5 PM fr dr to IMA BK 205th Med Ctr  
Sta (Qualified to Combat Inf Pay)

GRADE	SIC	SIC	TOTAL	PRESENT		ABSENT						
				PER	DET	UN	SR	CHKP	FD	UNDE	EMD	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
GEN												
COL												
LT												
SFT												
SF												
PL												
SJ												
PL												
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PL												
PL												
PL												

I CERTIFY THAT THIS MONTHLY REPORT IS CORRECT. PAGE 1 OF 2 PAGES

SIGNATURE \_\_\_\_\_

DATE: 1/23/68  
 TIME: 10:00  
 FROM: [Name]  
 TO: [Name]

RE: 1st Cav (10) South Vietnam  
 Subject: [Name]  
 1st Cav (10) South Vietnam  
 1st Cav (10) South Vietnam  
 1st Cav (10) South Vietnam

**REPORT OF ACTIVITY**

Continuing attack tank support to no effect due to fuel. Biggest problem is getting supplies to troops.  
 7th Cav (10) all ammunition consumed in [Location].

DATE	APPROX	D/OBT	TOTAL	AVOID	THREAT		ASSETS					
					FRONT	REAR	1	2	3	4	5	6
ACT	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1/23/68			6/1	0/1								
1/24/68			9	2					1			
1/25/68			11/0	10/0					1			
1/26/68			13/2	12/2								
1/27/68			5/8	5/7					1/1			
1/28/68			6/9	6/5					1			
1/29/68			6/7	6/7								
1/30/68												
1/31/68												

I CERTIFY THAT THE FOREGOING REPORT IS CORRECT  
 DATE: 2 OF 2 PAGES

SIGNATURE: [Name]  
 TITLE: [Title]

NAME	GRADE	TYPE	ACT	DATE
Anders, Arvid L.	35748105	Plt	725	
Backlund, Walter L.	35748106	Plt	675	
Benson, Harry E.	35748107	Plt	515	
Buchanan, Ronald E.	35748108	Plt	671	
Clark, Robert P.	35748109	Plt	651	
Conrad, Harry B.	12097913	Plt	692	

Above 6th Air Gr to 3rd Air 305th Med Gr Sta. by 1st Air 295th Med Gr Sta. to post to post as of 6 Nov 44. (Included to Combat Inf Reg)

Chelce, Harold	12097915	Plt		
Dr. (D)	305th Med Gr Sta	to dr		
Conrad, Harry B., Sr.	35748111	Plt	745	
Dr dr to 3rd Air 305th Med Gr Sta	to post	as of		
6 Nov 44.	(Not entitled to any award pay)			

GRADE	DATE	NAME	TYPE	ACT	DATE	BASIC PAY				OVERTIME						
						10	11	12	13	14	15	16	17			
PLT																
PLT																
PLT																
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I HEREBY VOUCH FOR THE ACCURACY OF THE ABOVE INFORMATION.





MEMORIAL REPORT

U.S. Army

Form 100

ORGANIZATION: 1st Cavalry Division, 1st Air Cavalry Brigade

STATION OR LOCATION: 1st Cavalry Division, 1st Air Cavalry Brigade

NAME: [Name] GRADE: [Grade] SERVICE NUMBER: [Number] BRANCH: [Branch]

[Name], [Grade], [Service Number], [Branch]

[Name], [Grade], [Service Number], [Branch]

[Name], [Grade], [Service Number], [Branch]

[Name], [Grade], [Service Number], [Branch]

[Name], [Grade], [Service Number], [Branch]

[Name], [Grade], [Service Number], [Branch]

Above 2 AM fr dr to 3rd (AR) 613th Med

Clr Sta. Fr 3rd (AR) 613th Med Clr Sta.

to lead to Hoop Hill

[Name], [Grade], [Service Number], [Branch]

[Name], [Grade], [Service Number], [Branch]

[Name], [Grade], [Service Number], [Branch]

Above 2 AM fr dr to 3rd (AR) 613th Med

Clr Sta. Fr 3rd (AR) 613th Med Clr Sta.

to lead to Hoop Hill

(Attached to Combat In? Reg)

[Name], [Grade], [Service Number], [Branch]

[Name], [Grade], [Service Number], [Branch]

Above 2 AM fr dr to 3rd (AR) 613th Med

Clr Sta. Fr 3rd (AR) 613th Med Clr Sta.

to lead to Hoop Hill

(Attached to Combat In? Reg)

[Name], [Grade], [Service Number], [Branch]

[Name], [Grade], [Service Number], [Branch]

[Name], [Grade], [Service Number], [Branch]

[Name], [Grade], [Service Number], [Branch]

[Name], [Grade], [Service Number], [Branch]

[Name], [Grade], [Service Number], [Branch]

[Name], [Grade], [Service Number], [Branch]

[Name], [Grade], [Service Number], [Branch]

[Name], [Grade], [Service Number], [Branch]

[Name], [Grade], [Service Number], [Branch]

[Name], [Grade], [Service Number], [Branch]

[Name], [Grade], [Service Number], [Branch]

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[Name], [Grade], [Service Number], [Branch]

[Name], [Grade], [Service Number], [Branch]

[Name], [Grade], [Service Number], [Branch]

[Name], [Grade], [Service Number], [Branch]

[Name], [Grade], [Service Number], [Branch]

[Name], [Grade], [Service Number], [Branch]

[Name], [Grade], [Service Number], [Branch]

[Name], [Grade], [Service Number], [Branch]

I CERTIFY THAT THIS SERVICE REPORT IS CORRECT. PAGE 3 OF 5 PAGES

SIGNATURE



# MONTHLY REPORT

ORGANIZATION: 1st Cavalry Division  
 STATION OR LOCATION: Villavieja, Puerto Rico (10 9571)  
 NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ CODE: \_\_\_\_\_

Entitled to any award pay:  
 Willing, Thomas D., 4690487 Pfc 745 116  
 Schellin, George J., 3772518 Pfc 745 /  
 Jackson, Patrick A., 3117768 Pfc 745 /

Above 2 EM Cr dr to SIA Slt 613th Med  
 Ctr Sta as of 9 Nov 44. Fr SIA Slt 613th  
 Med Ctr Sta to Lant to Hosp. (Not  
 entitled to any award pay)

Payton, Edward O., 36517908 Pfc 745 116  
 Cr dr to SIA Slt 613th Med Ctr Sta as  
 of 9 Nov 44. Fr SIA Slt 613th Med Ctr  
 Sta to Lant to Hosp. (Entitled to  
 Combat Inc Pay)

Marrison, John C., 42324808 Pfc 746 117  
 Fr dr to SIA Slt 613th Ctr Sta as of 9  
 Nov 44. Fr SIA Slt 613th Ctr Sta to Lant  
 to Hosp. (Not entitled to any award pay)

Vaughan, James A., 31452784 Pfc 745 116

Dean, W. L. A., 35722753 Pfc 653 /  
 Above 2 EM Cr dr to IMA Slt 305th Med  
 Ctr Sta. Fr IMA Slt 305th Med Ctr Sta to  
 Lant to Hosp. (Entitled to Combat

AUG	AUG	AUG	AUG	PRESENT				ABSENT					
				FOR	FOR	FOR	FOR	FOR	FOR	FOR	FOR		
11	11	11	11	11	11	11	11	11	11	11	11	11	11
12	12	12	12	12	12	12	12	12	12	12	12	12	12
13	13	13	13	13	13	13	13	13	13	13	13	13	13
14	14	14	14	14	14	14	14	14	14	14	14	14	14
15	15	15	15	15	15	15	15	15	15	15	15	15	15
16	16	16	16	16	16	16	16	16	16	16	16	16	16
17	17	17	17	17	17	17	17	17	17	17	17	17	17
18	18	18	18	18	18	18	18	18	18	18	18	18	18
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28	28	28	28	28	28	28	28	28	28	28	28	28	28
29	29	29	29	29	29	29	29	29	29	29	29	29	29
30	30	30	30	30	30	30	30	30	30	30	30	30	30
31	31	31	31	31	31	31	31	31	31	31	31	31	31

I CERTIFY THAT THE FOREGOING REPORT IS CORRECT. PAGE 4 OF 5 PAGES

SIGNATURE \_\_\_\_\_

**MORNING REPORT**

ORGANIZATION: **1st AF** STATION OR LOCATION: **VALMONT (C)**  
 DATE: **20/11/53** CLASS NUMBER: **700000** GRADE: **1000** PAGE: **1** OF **1**

INC PAY: **1**

**Sorens, Albert J.** **20071907** Pvt

Fr Sta IN 305th Med Co Sta to Leno Co, Hosp ABC

**Woods, Kelly** **29157187** Pfc **700**

**Soules, Dominick C.** **29157187** Pfc **700**

Fr Sta IN 305th Med Co Sta to Leno Co, Hosp ABC

**Caban, Harold H.** **26765063** Sgl **651**

**Davis, Carl E.** **25010125** Pfc **700**

From 7 AM to 12 AM 9 Nov 53 to 8 AM 9 Nov 53  
 Fr Sta IN 305th Med Co Sta to Leno Co, Hosp ABC

**RECORD OF SERVICE**

Company: **1st AF** Station: **VALMONT (C)** Grade: **1000**

11 Nov 53 4 AM to 12 AM 11 Nov 53 All casualties occurred in France.

SERIAL	NAME	GRADE	COMP	REG	PREV		PREV		REMARKS
					NO	DATE	NO	DATE	
1					1	1			
2					1	1			
3					1	1			
4					1	1			
5					1	1			

DATE	TIME	REMARKS	NO	DATE	TIME	REMARKS
20/11	0/1			20/11	0/1	
20/11	2		1	20/11	2	
20/11	10/0		1	20/11	10/0	
20/11	11/2		1	20/11	11/2	
20/11	5/6		2	20/11	5/6	
20/11	54		2	20/11	54	
20/11	49		4	20/11	49	
20/11	12/1/53			20/11	12/1/53	

I CERTIFY THAT THIS REPORT IS CORRECT. PAGE 5 OF 5 PAGES

STATION: **VALMONT (C)** REPORTING OFFICER: **THOMAS C. FACILTON**

GRADE: **1000** DATE: **20/11/53**



STATION OF LOCATION: ...  
 NAME: ...  
 GRADE: ...

1. **NAME:** ...  
**GRADE:** ...  
**LOCATION:** ...  
**DATE:** ...

2. **NAME:** ...  
**GRADE:** ...  
**LOCATION:** ...  
**DATE:** ...

3. **NAME:** ...  
**GRADE:** ...  
**LOCATION:** ...  
**DATE:** ...

4. **NAME:** ...  
**GRADE:** ...  
**LOCATION:** ...  
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5. **NAME:** ...  
**GRADE:** ...  
**LOCATION:** ...  
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**GRADE:** ...  
**LOCATION:** ...  
**DATE:** ...

7. **NAME:** ...  
**GRADE:** ...  
**LOCATION:** ...  
**DATE:** ...

8. **NAME:** ...  
**GRADE:** ...  
**LOCATION:** ...  
**DATE:** ...

NO.	NAME	GRADE	LOCAL	REMARKS	FREQUENCY		PERCENT	TOTAL	REMARKS	DATE	TIME	PLACE	PAGE
					FOR	BY							
1													
2													
3													
4													
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17													
18													
19													
20													

I CERTIFY THAT THIS MEASUREMENT REPORT IS CORRECT.

DATE: ...

PLACE: ...

PAGE: ...



Company (17) ...  
 ...  
 ...

(1)	SERIAL	AFSCN	TOTAL	A-CMS	PRESENT			AF-ERS				
					PLANT	FOR	FOR	OR	FOR	FOR	FOR	FOR
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
GEN												
EX												
EX												
EX												
EX	1		1		1							
EX	1		1		1							
EX	2		2		2							
EX	4		4		4							

1981	0/1	0/1	0/1									
1982	1	1	1					1				
1983	9/0	9/0	9/0					1				
1984	10/2	10/2	10/2									
1985	4/6	4/6	4/6									
1986	5/1	5/1	5/1		19			1				
1987	6/4	6/4	6/4		62			2				
1988	119/9	119/9	119/9					6				

I CERTIFY THAT THE ABOVE REPORT IS TRUE AND CORRECT.  
 DATE: 3 OF 3 PAGES  
 SIGNATURE: **LEONARD T. PATTON**  
 TITLE: **Chief**  
 ORGANIZATION: **...**

Carlson, Harold 12078780 Pvt 745  
 At dr to IIA St 305th Med Gln Sta, Fr  
 IIA St 305th Med Gln Sta on last to  
 Hosp (Not billed to Hosp, last pay)

Johnson, Frank H. 12076280 Pvt 745  
 Williams, Joseph A. 31220722 Pvt 745  
 Klappen, Joseph G. 37637309 Pvt 745  
 Bahda, Harold J. 34881984 Pvt 500  
 Heverson, Harold A. 36956341 Pvt 745  
 Pihos, Robert H. 39690711 Pvt 745  
 Kraker, Robert R. 13116221 Pvt 745  
 C. Wiley, Elmer J. 12084971 Pvt 745  
 Gellera, Joseph 12078593 Pvt 745

Above 3 AM Fr dr to IIA St 305th Med  
 Gln Sta, Fr At 305th Med Gln Sta  
 to last to Hosp (Not outbilled to any  
 award pay)

Donald, John A. 37152763 Pvt 653  
 Sinclair, Robert M. 38117582 Pvt 745  
 Cunningham, Frank W. 31126427 Pvt 500  
 DeGardner, Hazel G. 31226122 Sgt 653

Above 4 AM Fr dr to IIA St 305th Med

	LEAD	AFIRM PAID	TOTAL	AFIRM PRISON CRS	PRESENT		ABSENT					TOTAL HRS
					FOR DUTY	NOT FOR DUTY	ON DUTY	COMP	PER	AWOL	TRP	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
SEN												
ONE												
LT												
SA												
MAJ												
CAPT												
1ST												
2ND												
LT												
YPL												
PL												
HQ												
1ST												
2ND												
3RD												
4TH												
5TH												
6TH												
7TH												
8TH												
9TH												
10TH												
11TH												
12TH												

SIGNATURE

(INCK STAMP OR SIGNATURE)

**MORNING REPORT**

NUMBER 7428

UNIT NUMBER

ORGANIZATION **1st Lt. Col. [Name]**

STATION OR LOCATION **305th Med Cln Sta**

NAME **[Name]** GRADE **[Grade]** SERVICE NUMBER **[Number]** DATE **[Date]** CODE **[Code]**

**1st Lt. [Name]** **3206399** **1/Sgt** **651** **1716**  
 En duty to **LtA Slt 305th Med Cln Sta** to **lost to**

**1st Lt. [Name]** **3206399** **1/Sgt** **651** **1716**  
 En duty to **LtA Slt 305th Med Cln Sta** to **lost to**

**[Name]** **3206399** **1/Sgt** **651** **1716**  
 En duty to **LtA Slt 305th Med Cln Sta** to **lost to**

**[Name]** **3206399** **1/Sgt** **651** **1716**  
 En duty to **LtA Slt 305th Med Cln Sta** to **lost to**

**[Name]** **3206399** **1/Sgt** **651** **1716**  
 En duty to **LtA Slt 305th Med Cln Sta** to **lost to**

**[Name]** **3206399** **1/Sgt** **651** **1716**  
 En duty to **LtA Slt 305th Med Cln Sta** to **lost to**

**[Name]** **3206399** **1/Sgt** **651** **1716**  
 En duty to **LtA Slt 305th Med Cln Sta** to **lost to**

**[Name]** **3206399** **1/Sgt** **651** **1716**  
 En duty to **LtA Slt 305th Med Cln Sta** to **lost to**

**[Name]** **3206399** **1/Sgt** **651** **1716**  
 En duty to **LtA Slt 305th Med Cln Sta** to **lost to**

**[Name]** **3206399** **1/Sgt** **651** **1716**  
 En duty to **LtA Slt 305th Med Cln Sta** to **lost to**

**[Name]** **3206399** **1/Sgt** **651** **1716**  
 En duty to **LtA Slt 305th Med Cln Sta** to **lost to**

**[Name]** **3206399** **1/Sgt** **651** **1716**  
 En duty to **LtA Slt 305th Med Cln Sta** to **lost to**

**[Name]** **3206399** **1/Sgt** **651** **1716**  
 En duty to **LtA Slt 305th Med Cln Sta** to **lost to**

**[Name]** **3206399** **1/Sgt** **651** **1716**  
 En duty to **LtA Slt 305th Med Cln Sta** to **lost to**

**[Name]** **3206399** **1/Sgt** **651** **1716**  
 En duty to **LtA Slt 305th Med Cln Sta** to **lost to**

**[Name]** **3206399** **1/Sgt** **651** **1716**  
 En duty to **LtA Slt 305th Med Cln Sta** to **lost to**

**[Name]** **3206399** **1/Sgt** **651** **1716**  
 En duty to **LtA Slt 305th Med Cln Sta** to **lost to**

**[Name]** **3206399** **1/Sgt** **651** **1716**  
 En duty to **LtA Slt 305th Med Cln Sta** to **lost to**

**[Name]** **3206399** **1/Sgt** **651** **1716**  
 En duty to **LtA Slt 305th Med Cln Sta** to **lost to**

**[Name]** **3206399** **1/Sgt** **651** **1716**  
 En duty to **LtA Slt 305th Med Cln Sta** to **lost to**

**[Name]** **3206399** **1/Sgt** **651** **1716**  
 En duty to **LtA Slt 305th Med Cln Sta** to **lost to**

**[Name]** **3206399** **1/Sgt** **651** **1716**  
 En duty to **LtA Slt 305th Med Cln Sta** to **lost to**

I CERTIFY THAT THIS MORNING REPORT IS CORRECT. PAGE 2 OF 2 PAGES

SIGNATURE



12 December 1953

ORGANIZATION: **1st Lt** **1st Lt**

SYSTEMS OR LOCATION: **1st Lt** **1st Lt**

NAME: **Nelson, Wm J.** SERIAL NUMBER: **36511730** GRADE: **S/Asst** REG: **601** CODE: **717**

FR: **FR to KIA SK 305th Med Gtr Sta, Fr**

FR: **FR to KIA SK 305th Med Gtr Sta to Lost to**

FR: **FR to KIA SK 305th Med Gtr Sta to Lost to**

FR: **FR to KIA SK 305th Med Gtr Sta to Lost to**

FR: **FR to KIA SK 305th Med Gtr Sta to Lost to**

FR: **FR to KIA SK 305th Med Gtr Sta to Lost to**

FR: **FR to KIA SK 305th Med Gtr Sta to Lost to**

FR: **FR to KIA SK 305th Med Gtr Sta to Lost to**

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FR: **FR to KIA SK 305th Med Gtr Sta to Lost to**

FR: **FR to KIA SK 305th Med Gtr Sta to Lost to**

FR: **FR to KIA SK 305th Med Gtr Sta to Lost to**

FR: **FR to KIA SK 305th Med Gtr Sta to Lost to**

**RECORD OF EVENTS**

**Losses in reserve following 3rd Bn**

**attacking Camp of St. Theres, France**

**1 KIA 1NA 305th KIA 15 KIA 1IA 7 KIA 2IA**

**All casualties occurred in France**

NO.	ABSD	ACTIV	TOTAL	PRESENT			ABSENT				REMARKS
				ADJUT	PLN	D.S.	AK	STR	FOR	OROC	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
1			1		1						
2			1		1						
3			2		2						
4			4		4						
5	0/1		0/1		0/1						
6	0		0		0						
7	8/0		8/0		8/0						
8	8/2		8/2		8/2						
9	3/5		3/5		3/5						
10	4/2		4/2		4/2						
11	3/4		3/4		3/4						
12	0/8		0/8		0/8						

I CERTIFY THAT THE MORNING REPORT IS CORRECT: PAGE 3 OF 3 PAGES

SIGNATURE: **Wm J. Nelson**

DATE: **12 Dec 53**

FORM NO. 100-10-1 (Rev. 1-53)

STATUS ON LOCATION OF UNIT: **MISSING**

NAME: **WALTER ROY B.** GRADE: **Pvt** NO. **745**

ARMY SER NO: **307220** BRANCH: **Inf** DIV: **8th**

COMP: **1st**

27 PM med & 10 Fr 75th Regt In 440 312

Inf Army ser no 307220 No 8th Inf Div

Comp attached.

**WALTER, Roy B.** 37741386 Pvt 745

Inf 8th (10) Lost to Hosp to Dy as of 11

Nov 24. Per Par 3 307219 No 8th Inf

Div. Race White MCO 590

**Alvin, Ernest** 37350736 Pvt 745

Race White MCO 590

**Allen, Anderson** 38208851 Pfc 745

Race White MCO 499

**Alvin** 2 PM Fr 3rd Lost to Hosp to Dy

per Par 1 307220 No 8th Inf Div

**Molley, William D.** 35651746 Sgt 687

Inf 8th (10) undetermined) Lost to Hosp

to Dy per Par 1 307220 No 8th Inf Div

Race White MCO 000

CLASS	ISSUED	TOTAL	ISSUED	CURRENT			ACCUM			ISSUED	TOTAL
				FOR	OUT	T.D.	SK	CONF	FOR		
111	151	10	10	10	10	10	10	10	10	10	
112											
113											
114											
115											
116											
117											
118											
119											
120											
121											
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148											
149											
150											

I CERTIFY THAT THE FOREGOING REPORT IS CORRECT. PAGES 1 2 3 PAGES

SIGNATURE: \_\_\_\_\_

GRADE (TYPE OF SERVICE): \_\_\_\_\_





ORGANIZATION: 1st Air Force  
 STATION OR LOCATION: 3rd Air Force  
 NAME: John A. ... GRADE: 1st Lt

From: SIA 34 30th and 4th Sts. SIA. Pa  
SIA 34 30th and 4th Sts. SIA. Pa  
 Home (Qualified to Combat Int Pay)

RECORD OF EVENTS

Company in 3rd Div, France receiving  
 orders. 1 SA 1st Div SIA All casualties  
 occurred in France.

(1)	ASGN	ASGN RECORD	TOTAL	ASGN PROVED	PRESENT					ABSENT			MISD
					FOR DUTY	IN DUTY	T.D.	SH	CONF	FOR	COL	MISD	
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	
GEN													
COL													
LT COL													
MAJ													
CAPT	1		1		1								
1ST LT	1		1		1								
2ND LT	2		2		2								
1ST CPL	4		4		4								
MSG													
1ST	0/3		0/3		0/3								
1ST LT	0		0		0								
2ND LT	11/0		11/0		11/0								
3RD LT	14/3		14/3		14/3								
4TH LT	3/7		3/7		3/7								
5TH LT	6/1		6/1		6/1			2					
6TH LT	10/1		10/1		10/1			1					
7TH LT	19/2/1		19/2/1		19/2/1			3					

I CERTIFY THAT THIS REPORT IS CORRECT.  
 SIGNATURE: [Signature]  
 NAME: John A. ...

PAGE 2 OF 2 PAGES

MEMORANDUM FOR THE DIRECTOR

DATE: 10/15/54  
 FROM: [Name]  
 SUBJECT: [Subject]

1. [Text block 1]

2. [Text block 2]

3. [Text block 3]

4. [Text block 4]

5. [Text block 5]

6. [Text block 6]

7. [Text block 7]

8. [Text block 8]

9. [Text block 9]

10. [Text block 10]

NO.	NAME	GRADE	STATUS	DATE	REMARKS
1	[Name]	[Grade]	[Status]	[Date]	[Remarks]
2	[Name]	[Grade]	[Status]	[Date]	[Remarks]
3	[Name]	[Grade]	[Status]	[Date]	[Remarks]
4	[Name]	[Grade]	[Status]	[Date]	[Remarks]
5	[Name]	[Grade]	[Status]	[Date]	[Remarks]
6	[Name]	[Grade]	[Status]	[Date]	[Remarks]
7	[Name]	[Grade]	[Status]	[Date]	[Remarks]
8	[Name]	[Grade]	[Status]	[Date]	[Remarks]
9	[Name]	[Grade]	[Status]	[Date]	[Remarks]
10	[Name]	[Grade]	[Status]	[Date]	[Remarks]

11. [Text block 11]

12. [Text block 12]

ORGANIZATION: [REDACTED] STATION OF LOCATION: [REDACTED]

NAME: [REDACTED] SERIAL NUMBER: [REDACTED] GROUP: [REDACTED] REG. CODE: [REDACTED]

**RECORD OF EVENTS**

Company owned by [REDACTED] [REDACTED] [REDACTED]  
 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]  
 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]  
 [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED] [REDACTED]

NO.	ARNO	MILES	TOTAL	CHARGED	PRESENT		ABSENT				REMARKS	
					PER	NOT FOR	S. B.	S. C.	S. D.	S. E.		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
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100												

I CERTIFY THAT THE INFORMATION REPORTED IS CORRECT. PAGE 1 OF 2 PAGES

SIGNATURE: [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

ORGANIZATION: *1st Lt. E. J. [illegible]*  
 STATION OR LOCATION: *Ho Chi Minh City*  
 NAME: *[illegible]* SOCIAL NUMBER: *[illegible]* GRADE: *[illegible]*

No. Charge

**REWARD OF BRAVERY**  
 Granted in defensive position in the  
 outskirts of Hanoi, France

*[Handwritten signature]*

TYPE	DATE	ATTENDANCE	TOTAL	ABSENCE	PRESENT		REMARKS													
					FOR DUTY	NOT FOR DUTY	1	2	3	4	5	6	7	8						
REG																				
COL																				
LT																				
MAJ																				
1ST LT	1		1																	
2ND LT	1		1			1														
3RD LT	2		2			2														
4TH LT	4		4			3														
DISC	0/2		0/2			0/2														
1ST	0		0			0														
2ND	11/0		11/0			11/0														
3RD	13/3		13/3			13/3														
4TH	3/7		3/7			3/7														
5TH	61		61			61														
6TH	98		98			98														
TOTAL	106/12		106/12			106/12														

I CERTIFY THAT THE FOREGOING REPORT IS CORRECT

SIGNATURE: *[illegible]*  
 GRADE: *[illegible]*  
 DATE: *[illegible]*

MEMORANDUM

ORIGINATOR

STATION OF ORIGIN

DATE: 10/10/54

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

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[Illegible]

REGISTRATION NO. 1234567890  
 DATE 12/15/54  
 STATE OF ILLINOIS  
 TAXPAYER'S NAME  
 ADDRESS  
 CITY  
 STATE  
 ZIP CODE

THE DEBTS OF THE TAXPAYER ARE PAID BY  
 THE TAXPAYER OR BY OTHER MEANS AND THE  
 TAXPAYER IS NOT IN DEFENSIVE POSITION.  
 ALL TAXES ARE PAID BY THE TAXPAYER.  
 ALL TAXES ARE PAID BY THE TAXPAYER.

LINE	QUANTITY	UNIT	TOTAL	TAXES	TOTAL	TAXES		TAXES		TAXES		TOTAL
						STATE	FEDERAL	STATE	FEDERAL	STATE	FEDERAL	
1	1		1		1							1
2	0		0		0							0
3	2		2		2							2
4	4		4		4							4
5	0/3		0/3		0/3							0/3
6	0		0		0							0
7	11/0		11/0		11/0							11/0
8	12/3		12/3		12/3							12/3
9	3/7		3/7		3/7							3/7
10	02		02		02							02
11	05		05		05							05
12	103/10		103/10		103/10							103/10

I CERTIFY THAT THIS ADDRESSING REPORT IS CORRECT.  
 DATE 12/15/54  
 SIGNATURE  
 TITLE

MONTHLY REPORT

STATION OR LOCATION

NAME

ARMY NO OF 15 NOV 41

DATA OF BANK

Commander

1st Lt. William A. ... 745

2nd Lt. ... 745

3rd Lt. ... 821

4th Lt. ...

5th Lt. ...

6th Lt. ...

7th Lt. ...

8th Lt. ...

9th Lt. ...

10th Lt. ...

11th Lt. ...

12th Lt. ...

13th Lt. ...

14th Lt. ...

15th Lt. ...

16th Lt. ...

17th Lt. ...

18th Lt. ...

19th Lt. ...

20th Lt. ...

21st Lt. ...

22nd Lt. ...

23rd Lt. ...

24th Lt. ...

25th Lt. ...

UNCLASSIFIED

RECORDING NUMBER: 100-100000-100000  
 ORGANIZATION: FEDERAL BUREAU OF INVESTIGATION  
 STATION OR LOCATION: WASHINGTON, D.C.  
 NAME: [REDACTED]  
 SOCIAL NUMBER: [REDACTED]  
 GRADE: [REDACTED]  
 DATE OF BIRTH: [REDACTED]

CLASSIFICATION	AUG 1950	AUG 1950	TOTAL	PROFESSOR	1950			1951			1952	
					PLTY	DMY	D E	DR	DMY	DMY	DMY	DMY
SEN												
CON												
EXL												
SEN												
SEN	1		1							1		
EXL	0		0		0							
EXL	4		4		4							
EXL	5		5		4					1		
EXL												
EXL	0/1		0/1		0/1							
EXL	0		0		0							
EXL	13/0		13/0		13/0							
EXL	11/3		11/3		11/3							
EXL	3/2		3/2		3/2							
EXL	62		62		62					1		
EXL	97		97		97							
EXL	186/11		186/11		186/11					1		

PAGE 2 OF 2 PAGES

SIGNATURE: [REDACTED]  
 SPECIAL AGENT IN CHARGE  
 FEDERAL BUREAU OF INVESTIGATION  
 U.S. DEPARTMENT OF JUSTICE



**MONTHLY REPORT**

NOVEMBER

1951

ORGANIZATION: **U.S. AIR FORCE** (11)

STATION OR LOCATION: **Wallops Island, Virginia (11)**

NAME: **Keller, James H.** GRADE: **3d Lt** (11) CODE: **1111**

**to duty on 27 Nov 44**

**Payed 1st Lt 3122319**

**McCall, Robert M.** GRADE: **1st Lt** (11) CODE: **1111**

**above 2nd Lt on 17 Nov 44**

**1st Lt on 17 Nov 44**

**Vival, William A.** GRADE: **1st Lt** (11) CODE: **1111**

**Baker, Joseph V.** GRADE: **1st Lt** (11) CODE: **1111**

**above 2nd Lt on 17 Nov 44**

**1st Lt on 17 Nov 44**

**to duty on 17 Nov 44**

**Riddle, Lynn H.** GRADE: **1st Lt** (11) CODE: **1111**

**to duty on 17 Nov 44**

(Not included in next month's report)

**RECORD OF EVENTS**

**Company in control of Wallops**

**Station, 1st Lt KIA, Casualty occurred**

**in training**

NO.	REGD.	ATTEND.	TOTAL	PRESENT			ABSENT					
				REGD.	ATTEND.	TOTAL	REGD.	ATTEND.	TOTAL	REGD.		
1	1	1	1									
2	0	0	0									
3	4	4	4									
4	5	5	5									

REGD.	0/1	0/1	0/1									
ATTEND.	0	0	0									
TOTAL	11/2	11/2	11/2									
REGD.	3/2	3/2	3/2									
ATTEND.												
TOTAL												

I CERTIFY THAT THE MONTHLY REPORTS SUBMITTED BY THIS COMMAND ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

**REPORTING OFFICER:** [Signature]

**DATE:** 11/30/51

PAGE 1 OF 1 PAGES

REPORT OF

MONTHLY REPORT FOR NOV 1954  
 ORGANIZATION: 1st Lt  
 STATION OR LOCATION: 31st AFHQ  
 NAME: [blank] GRADE: [blank] NO: [blank] CODE: [blank]

Mullis, Robert D. 37524007 8/54  
 Payne, Lloyd D. 31928044 8/54  
 Above 2 MIA 2K (M) 25 Nov 54 (Enlisted to Combat Inf Par)  
 Lost to Navy MIA as of 28 Nov 54  
 Daynes, Leighton N. Jr. 37613075 Plc 745 2/54  
 by dr to RIA as of 17 Nov 54 (Enlisted to Combat Inf Par)  
 Greigand, Ann Lee M. 37217500 Plc 746 2/54  
 Mag, Harrison 35400017 3/54 2/54  
 Above 2 MIA by dr to RIA lost to Navy as of 9 Nov 54 (Enlisted to Combat Inf Par)

INCIDENT OR EVENTS

Hospital in rear of at Holabrook, England.  
 1 MIA KIA 2 MIA LWA. All accounted for occurred in France.

13

TYPE	COUNT	TOTAL	PERCENT	PERCENTAGE													
				1	2	3	4	5	6	7	8	9	10				
ACC																	
COL																	
DET																	
INF	1	1								1							
PLC	0	0		0													
SP4	4	4		4													
SP5	5	5		5						1							

5701	0/1	0/1	0/1
5702	0	0	0
5703	11/0	11/0	11/0
5704	11/3	11/3	11/3
5705	3/7	3/7	3/7
5706	96	96	96
5707	96	96	96

CERTIFY THAT THIS REPORTING REPORT IS CORRECT. NAME: [blank] GRADE: [blank] NO: [blank] CODE: [blank]

SIGNATURE: [blank] DATE: [blank] PLACE: [blank]

**PROPERTY REPORT**

ORGANIZATION: **ARMY**      TRUCK ID: **101**

STARTING LOCATION: **101st Airborne Div**

NAME: **Montana, Charles L.**      GRADE: **Pvt**      PAY GRADE: **745**      SER: **101**

Tr dy to KIA lost to enemy as of 15 Nov 44 (Not entitled to any award pay)

NAME: **Downey, Frank J.**      GRADE: **Pvt**      PAY GRADE: **745**      SER: **101**

Tr dy to KIA as of 15 Nov 44 (Not entitled to any award pay)

NAME: **Jackson, Harold L.**      GRADE: **Pvt**      PAY GRADE: **745**      SER: **101**

Tr SRA lost to enemy as of 14 Nov 44 (No change in strength)

NAME: **Laboralla, Carlo G.**      GRADE: **Pvt**      PAY GRADE: **606**      SER: **101**

Tr dy to Sk (ID) 305th Med Dir Sta. Tr Sk (ID) 305th Med Dir Sta to lost to enemy as of 19 Nov 44

NAME: **Rappan, Walter F.**      GRADE: **Pvt**      PAY GRADE: **606**      SER: **101**

Tr dy to Sk (ID) 305th Med Dir Sta

NAME: **Waltis, Ronald L.**      GRADE: **Pvt**      PAY GRADE: **606**      SER: **101**

Tr dy to KIA as of 8 Nov 44 (Not entitled to any award pay)

NAME: **Waltis, Ronald L.**      GRADE: **Pvt**      PAY GRADE: **606**      SER: **101**

Tr dy to KIA as of 8 Nov 44 (Not entitled to any award pay)

SERIAL	NAME	GRADE	PAY GRADE	SERIAL		GRADE		PAY GRADE		SERIAL	GRADE	PAY GRADE
				(1)	(2)	(1)	(2)	(1)	(2)			
(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)	(2)
(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)
(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)
(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)	(5)
(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)
(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)	(7)
(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)	(8)
(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)	(9)
(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)	(10)
(11)	(11)	(11)	(11)	(11)	(11)	(11)	(11)	(11)	(11)	(11)	(11)	(11)
(12)	(12)	(12)	(12)	(12)	(12)	(12)	(12)	(12)	(12)	(12)	(12)	(12)
(13)	(13)	(13)	(13)	(13)	(13)	(13)	(13)	(13)	(13)	(13)	(13)	(13)
(14)	(14)	(14)	(14)	(14)	(14)	(14)	(14)	(14)	(14)	(14)	(14)	(14)
(15)	(15)	(15)	(15)	(15)	(15)	(15)	(15)	(15)	(15)	(15)	(15)	(15)
(16)	(16)	(16)	(16)	(16)	(16)	(16)	(16)	(16)	(16)	(16)	(16)	(16)
(17)	(17)	(17)	(17)	(17)	(17)	(17)	(17)	(17)	(17)	(17)	(17)	(17)
(18)	(18)	(18)	(18)	(18)	(18)	(18)	(18)	(18)	(18)	(18)	(18)	(18)
(19)	(19)	(19)	(19)	(19)	(19)	(19)	(19)	(19)	(19)	(19)	(19)	(19)
(20)	(20)	(20)	(20)	(20)	(20)	(20)	(20)	(20)	(20)	(20)	(20)	(20)
(21)	(21)	(21)	(21)	(21)	(21)	(21)	(21)	(21)	(21)	(21)	(21)	(21)
(22)	(22)	(22)	(22)	(22)	(22)	(22)	(22)	(22)	(22)	(22)	(22)	(22)
(23)	(23)	(23)	(23)	(23)	(23)	(23)	(23)	(23)	(23)	(23)	(23)	(23)
(24)	(24)	(24)	(24)	(24)	(24)	(24)	(24)	(24)	(24)	(24)	(24)	(24)
(25)	(25)	(25)	(25)	(25)	(25)	(25)	(25)	(25)	(25)	(25)	(25)	(25)
(26)	(26)	(26)	(26)	(26)	(26)	(26)	(26)	(26)	(26)	(26)	(26)	(26)
(27)	(27)	(27)	(27)	(27)	(27)	(27)	(27)	(27)	(27)	(27)	(27)	(27)
(28)	(28)	(28)	(28)	(28)	(28)	(28)	(28)	(28)	(28)	(28)	(28)	(28)
(29)	(29)	(29)	(29)	(29)	(29)	(29)	(29)	(29)	(29)	(29)	(29)	(29)
(30)	(30)	(30)	(30)	(30)	(30)	(30)	(30)	(30)	(30)	(30)	(30)	(30)

I CERTIFY THAT THIS PROPERTY REPORT IS CORRECT.      PAGE 1 OF 2 PAGES

SIGNATURE \_\_\_\_\_



**ORGANIZATION REPORT**

ORGANIZATION: THE ...  
 STATION OF LOCATION: ...  
 NAME: ... SERIAL NUMBER: ... DATE: ... SIDE: ...

EX. NO. ... AS OF ... BY ...  
 DIED AT ... ON ...  
 EX. NO. ... AS OF ... BY ...  
**RECORD OF EVENTS**

COMING TO PORTLAND AT ...  
 1. ... 2. ... 3. ...  
 All completion occurred in France.

CLASS	ATYND	EXAMINED	TOTAL	MATCHED	BY		REMARKS						
					PSA	NOT	D	S	...	...	...	...	
...	2	1	1	1	1	1	1	1	1	1	1	1	1
...	0	0	0	0	0	0	0	0	0	0	0	0	0
...	4	4	4	4	4	4	4	4	4	4	4	4	4
...	5	5	5	5	5	5	5	5	5	5	5	5	5
...	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1	0/1
...	0	0	0	0	0	0	0	0	0	0	0	0	0
...	11/0	11/0	11/0	11/0	11/0	11/0	11/0	11/0	11/0	11/0	11/0	11/0	11/0
...	10/3	10/3	10/3	10/3	10/3	10/3	10/3	10/3	10/3	10/3	10/3	10/3	10/3
...	3/7	3/7	3/7	3/7	3/7	3/7	3/7	3/7	3/7	3/7	3/7	3/7	3/7
...	54	54	54	54	54	54	54	54	54	54	54	54	54
...	92	92	92	92	92	92	92	92	92	92	92	92	92

(CERTIFY THAT THIS IS A TRUE REPORT OF ...)  
 SIGNATURE: ...  
 DATE: ...

REGISTRATION  
 NAME GRADE MOS UNIT

CHALLENGE, DEBRAE M.  
 11/21/51 0200337 Capt 100  
 And a lot of other things in the way of  
 Army Co. Commander 100 of Regt 39 00 10  
 WILLIAM, JAMES R. 11/21/51 Pvt 765 716  
 He is to be lost to Army as of a new  
 He is attached to 100th Inf Regt  
 100th Inf Regt  
 He is to be lost to Army in 100th Inf Regt  
 100th Inf Regt  
 He is to be lost to Army in 100th Inf Regt

RECORD OF SERVICE

Summary in reserve at Holmsport, France.  
 1 EM TWA Casualty occurred in France.

UNIT	SERIAL	GRADE	MOS	REGIMENT	STATUS		REMARKS		DAYS		PERCENTAGE	
					ACTIVE	RESERVE	START	END	START	END		
100	0/1				0/3			0/1				
100	0				0			0				
100	12/0				12/0			12/0				
100	10/3				10/3			10/3				
100	1/7				1/7			2/7				
100	5				5			5				
100	100				100			100				
100	11/11				11/11			11/11				

1. SIGNATURE  
 2. DATE  
 3. UNIT

ORGANIZATION: *1st Lt. James B. Kelly*  
 STATION/OFFICER: *1st Lt. James B. Kelly*  
 NAME: *Harold A. Kelly* *42908202* *1st Lt* *725*  
*As an enlisted man (1st)*  
*1st Lt. James B. Kelly* *35499003* *1st Lt* *725*  
*1st Lt. James B. Kelly* *42908202*  
*1st Lt. James B. Kelly* *42908202* *1st Lt* *725*  
 Date: *2 Oct 53* *1st Lt* *725* *1st Lt* *725*  
 Loc: *Paris, France*  
 Ex: *300* *1st Lt* *725* *1st Lt* *725*  
 17 Nov 53

**DETAILS OF EVENTS**

Company moved out at 0700 by truck to  
 Pistrange, France. Moved into position  
 2000 yards north of Daxville, France.  
 1 Officer KIA. Casualty occurred in  
 France.

ITEM	REQD	STOOD ISSUED	TOTAL	ITEMS FILLED	RECORD		ASSETS					
					FOR	RECORDED	MR	LOSS	FOR	AVAIL	ISS	
100	1	1	1	1								
101	0	0	0	0								
102	4	4	4	4								
103	3	3	3	3								
104	0/1	0/1	0/1	0/1								
105	0	0	0	0								
106	12/0	12/0	12/0	12/0								
107	10/3	10/3	10/3	10/3								
108	3/7	3/7	3/7	3/7								
109	1	1	1	1								
110	1	1	1	1								
111	13/11	13/11	13/11	13/11								

I CERTIFY THAT THIS REPORT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

REPORTING OFFICER: *1st Lt. James B. Kelly*  
 DATE: *17 Nov 53*

MEMORANDUM FOR THE RECORD

DATE: 3/11/50

STATION OR LOCATION: Corviller, France

DATE: 3/11/50

OPERATION: (11) (11)

Palmer, Roy R. 37731286 Pvt. 1st Lt.

Mr. W. (11) (11) (11) (11) (11) (11)

Mr. W. (11) (11) (11) (11) (11) (11)

Mr. W. (11) (11) (11) (11) (11) (11)

SHOULD BE

Palmer, Roy R. 37731286 Pvt. 1st Lt.

Last name of Mr. cancelled

Hobley, William R. 35651744 Sgt.

Herman, William A. 33031698 Pvt.

Hoffman, Robert E. 11322085 Pvt.

Sinton, Christian J. 32654557 Pvt.

Mr. W. (11) (11) (11) (11) (11) (11)

Mr. W. (11) (11) (11) (11) (11) (11)

Mr. W. (11) (11) (11) (11) (11) (11)

Mr. W. (11) (11) (11) (11) (11) (11)

NOTICE OF DEPARTURE

Company in defensive position in vicinity of Corviller, France. Thanksgiving dinner served.

DATE	ATTEND	ABSENCE	TOTAL	ATTEND	PRESENT				ABSENT			TOTAL
					100	100	100	100	100	100	100	
3/11	12	1	13	12	12	1	1	1	1	1	1	13
3/12	12	1	13	12	12	1	1	1	1	1	1	13
3/13	12	1	13	12	12	1	1	1	1	1	1	13
3/14	12	1	13	12	12	1	1	1	1	1	1	13
3/15	12	1	13	12	12	1	1	1	1	1	1	13
3/16	12	1	13	12	12	1	1	1	1	1	1	13
3/17	12	1	13	12	12	1	1	1	1	1	1	13
3/18	12	1	13	12	12	1	1	1	1	1	1	13
3/19	12	1	13	12	12	1	1	1	1	1	1	13
3/20	12	1	13	12	12	1	1	1	1	1	1	13
3/21	12	1	13	12	12	1	1	1	1	1	1	13
3/22	12	1	13	12	12	1	1	1	1	1	1	13
3/23	12	1	13	12	12	1	1	1	1	1	1	13
3/24	12	1	13	12	12	1	1	1	1	1	1	13
3/25	12	1	13	12	12	1	1	1	1	1	1	13
3/26	12	1	13	12	12	1	1	1	1	1	1	13
3/27	12	1	13	12	12	1	1	1	1	1	1	13
3/28	12	1	13	12	12	1	1	1	1	1	1	13
3/29	12	1	13	12	12	1	1	1	1	1	1	13
3/30	12	1	13	12	12	1	1	1	1	1	1	13
3/31	12	1	13	12	12	1	1	1	1	1	1	13

A SIGNATURE THAT THE COMPANY REPORT IS CORRECT

SIGNATURE: *[Signature]*

DATE: 3/11/50

PLACE OF SIGNATURE: *[Signature]*

**MISSING REPORT**

ORGANIZATION: 1st Lt. [illegible]  
 STATION OR LOCATION: [illegible]  
 NAME: [illegible] GRADE: [illegible]  
 DATE: 12 30 1977

Ablesy, Johnny M. 1st Lt. 3611760  
 Above 2nd Lt. grade 17 Nov 68 or 17  
 17 Nov 68 per par 12 30 1977

Diara, John A. 22195000 Cpl 1977  
 April 68 Lt. Cpl as of 17 Nov 68 per  
 par 12 30 1977

Huff, Bob J. 31155003 Plt 1977  
 Harder, William J. 33402471 Plt 1977  
 Clark, Ng K. 37190775 Plt 1977  
 Luero, Valentino E. 38165662 Plt 1977  
 Above 2nd Lt. grade 17 Nov 68 or 17  
 Nov 68 per par 12 30 1977

**RECORD OF EVENTS**

Company preparing for attack.

DATE	ASGN	ACCOMPLISH	TOTAL	ACCOMPLISH	PERCENT		TOTAL		TOTAL		TOTAL	TOTAL
					COMPL	NOT COM	COMPL	NOT COM	COMPL	NOT COM		
12/1	1	1	1	1	0	100	0	1	0	100	1	1
12/2	0	0	0	0	0	0	0	0	0	0	0	0
12/3	1	1	1	1	0	100	0	1	0	100	1	1
12/4	1	1	1	1	0	100	0	1	0	100	1	1
12/5	1	1	1	1	0	100	0	1	0	100	1	1
12/6	1	1	1	1	0	100	0	1	0	100	1	1
12/7	1	1	1	1	0	100	0	1	0	100	1	1
12/8	1	1	1	1	0	100	0	1	0	100	1	1
12/9	1	1	1	1	0	100	0	1	0	100	1	1
12/10	1	1	1	1	0	100	0	1	0	100	1	1
12/11	1	1	1	1	0	100	0	1	0	100	1	1
12/12	1	1	1	1	0	100	0	1	0	100	1	1
12/13	1	1	1	1	0	100	0	1	0	100	1	1
12/14	1	1	1	1	0	100	0	1	0	100	1	1
12/15	1	1	1	1	0	100	0	1	0	100	1	1
12/16	1	1	1	1	0	100	0	1	0	100	1	1
12/17	1	1	1	1	0	100	0	1	0	100	1	1
12/18	1	1	1	1	0	100	0	1	0	100	1	1
12/19	1	1	1	1	0	100	0	1	0	100	1	1
12/20	1	1	1	1	0	100	0	1	0	100	1	1
12/21	1	1	1	1	0	100	0	1	0	100	1	1
12/22	1	1	1	1	0	100	0	1	0	100	1	1
12/23	1	1	1	1	0	100	0	1	0	100	1	1
12/24	1	1	1	1	0	100	0	1	0	100	1	1
12/25	1	1	1	1	0	100	0	1	0	100	1	1
12/26	1	1	1	1	0	100	0	1	0	100	1	1
12/27	1	1	1	1	0	100	0	1	0	100	1	1
12/28	1	1	1	1	0	100	0	1	0	100	1	1
12/29	1	1	1	1	0	100	0	1	0	100	1	1
12/30	1	1	1	1	0	100	0	1	0	100	1	1

I CERTIFY THAT THE ABOVE IS TRUE AND CORRECT. PAGE 1 OF 1 PAGES

SIGNATURE: \_\_\_\_\_  
 TITLE: \_\_\_\_\_  
 DATE: \_\_\_\_\_



**REPORTING OFFICER'S NAME** [Illegible]

**REPORTING OFFICER'S GRADE** [Illegible]

**REPORTING OFFICER'S ORGANIZATION** [Illegible]

**REPORTING OFFICER'S ADDRESS** [Illegible]

**REPORTING OFFICER'S PHONE** [Illegible]

**REPORTING OFFICER'S SOCIAL SECURITY NUMBER** [Illegible]

**REPORTING OFFICER'S GRADE** [Illegible]

**REPORTING OFFICER'S ORGANIZATION** [Illegible]

**REPORTING OFFICER'S ADDRESS** [Illegible]

**REPORTING OFFICER'S PHONE** [Illegible]

**REPORTING OFFICER'S SOCIAL SECURITY NUMBER** [Illegible]

**REPORTING OFFICER'S GRADE** [Illegible]

**REPORTING OFFICER'S ORGANIZATION** [Illegible]

**REPORTING OFFICER'S ADDRESS** [Illegible]

**REPORTING OFFICER'S PHONE** [Illegible]

**REPORTING OFFICER'S SOCIAL SECURITY NUMBER** [Illegible]

**REPORTING OFFICER'S NAME** [Illegible]

GRADE	NAME	TOTAL	REGULAR	PRESENT					ABSENT					
				DUTY	OFF DUTY	OFF	ON	COMB	LEAVE	COMB	LEAVE	COMB	LEAVE	
SEN														
COL														
LTJG														
MAJ														
CAPT														
1LT														
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I CERTIFY THAT THE FOREGOING REPORT IS CORRECT. PAGE 1 OF 2 PAGES

SIGNATURE

**INCIDENT REPORT**  
**DESCRIPTION** VIETNAM AIR TRAFFIC  
**STATUS OF INCIDENT** EXAMINED (52.0)

Preparation made to cross Mid East  
and advance on Pacific front operations  
1 KM LVA Casualty occurred in France.

TYPE	AHEAD	AHEAD QUANT	TOTAL	ACCOM. PARTIAL	PRESENT		ABSENT					TOTAL	
					FOR	NOT FOR	FD	OR	OTHER	LV	UNCL		UNID
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
GEN													
COL													
LT													
PL													
ENF	1		1		1								
LT	0		0		0								
ENF	4		4		4								
LT	5		5		5								
DATE	0/1		0/1		0/1								
YR	1		1		1								
MO	12/0		12/0		12/0								
DAY	8/		8/3		8/3								
HR	6/7		6/7		6/7								
SEC	65		65		65								
MIN	26		26		26				1				
TIME	152/11		152/11		152/11				1				1

I CERTIFY THAT THE FOREGOING REPORT IS CORRECT  
 SIGNATURE WILLIAM T. DANFORD

RECEIVED BY THE  
 OFFICE OF THE  
 SECRETARY OF THE  
 DEPARTMENT OF THE  
 ARMY  
 WASHINGTON, D. C.  
 1918

DATE	NO.	AMOUNT	TOTAL	PREVIOUS		THIS		TOTAL		REMARKS
				NO.	AMOUNT	NO.	AMOUNT	NO.	AMOUNT	
	1		1							
	2		2							
	3		3							
	4		4							
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	99		99							
	100		100							

RECEIVED BY THE OFFICE OF THE SECRETARY OF THE DEPARTMENT OF THE ARMY  
 WASHINGTON, D. C.  
 1918

ORGANIZATION: ...

STATUS OR LOCATION: ...

NAME: ...

ADDRESS: ...

DATE: ...

...

DESCRIPTION OF EVENTS: ...

Company left ...

...

DATE	TIME	LOCATION	ACTIVITY	PERSONNEL			EQUIPMENT			REMARKS
				NAME	GRADE	STATUS	TYPE	QUANTITY	STATUS	
12/10	8/3	...	...	...	...	...	...	...	...	
12/11	8/3	...	...	...	...	...	...	...	...	
12/12	8/3	...	...	...	...	...	...	...	...	
12/13	8/3	...	...	...	...	...	...	...	...	
12/14	8/3	...	...	...	...	...	...	...	...	
12/15	8/3	...	...	...	...	...	...	...	...	
12/16	8/3	...	...	...	...	...	...	...	...	
12/17	8/3	...	...	...	...	...	...	...	...	
12/18	8/3	...	...	...	...	...	...	...	...	
12/19	8/3	...	...	...	...	...	...	...	...	
12/20	8/3	...	...	...	...	...	...	...	...	
12/21	8/3	...	...	...	...	...	...	...	...	
12/22	8/3	...	...	...	...	...	...	...	...	
12/23	8/3	...	...	...	...	...	...	...	...	
12/24	8/3	...	...	...	...	...	...	...	...	
12/25	8/3	...	...	...	...	...	...	...	...	
12/26	8/3	...	...	...	...	...	...	...	...	
12/27	8/3	...	...	...	...	...	...	...	...	
12/28	8/3	...	...	...	...	...	...	...	...	
12/29	8/3	...	...	...	...	...	...	...	...	
12/30	8/3	...	...	...	...	...	...	...	...	
12/31	8/3	...	...	...	...	...	...	...	...	

I CERTIFY THAT THE INFORMATION IS CORRECT

SIGNATURE: ...

DATE: ...

AMERICAN HISTORY

ORGANIZATION: U.S. ARMY

STATION OR LOCATION: COMBAT ZONE

NAME: McClung

DUTY POSITION: Private

GRADE: Pvt

ISSUE: 100

GOOD: 100

Company still holding position at  
Indiantown, France

GRADE	ABSEN	ATCHD UNACCD	TOTAL	TOTAL OF COMP ORG'S (S)	PRESENT		ABSENT				TOTAL	
					FCB DUTY	LEAVE DUTY	TR	SCNY	PH	AWOL		DIS
GEN												
COL												
LT COL												
MAJ												
CAPT	1		1		1							
1ST LT	0		0		0							
2ND LT	4		4		4							
1ST SERG	5		5		5							
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I CERTIFY THAT THIS MORNING REPORT IS CORRECT

SIGNATURE: THOMAS T. HARTMAN

ORGANIZATION: 315th Inf 102d

STATION OR LOCATION: 11th St, 11th St, 11th St

Name, Address, etc. 3155170  
 Par 1, 30/177 HQ 315th Inf  
 Name, Address, etc. 3155170  
 Name, Address, etc. 3155170  
 About 2 mi south of Ft. de Sade  
 17 Nov 44 near Par 3, 30/177 HQ 315th Inf

REPORT OF INCIDENT

Left position at Longaville, France and moved by truck to St. Avold, France.

UNIT	ASSN	ATTENDANCE	TOTAL	PROPER REG'S	PRESENT			ABSENT				
					FOR DUTY	NOT FOR DUTY	U.S.	SR	CONF	LEAVE	AWOL	OTHER
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
5TH												
CO												
PL												
COMP	1		1		1							
CO	0		0		0							
PL	4		4		4							
CO	5		5		5							
COMP	0/1		0/1		0/1							
CO	1		1		1							
PL	12/0		12/0		12/0							
COMP	8/3		8/3		8/3							
CO	8/3		8/3		8/3							
PL	62		62		62							1
COMP	76		76		75			1				
CO	105/11		105/11		105/11			2				1

I CERTIFY THAT THE FOREGOING REPORT IS CORRECT. PAGE 1 OF 1 PAGES

SIGNATURE: [Signature]



ORGANIZATION: U.S. Army  
 SYSTEM OF LOCATION: Home  
 NAME: Allen M. Krick  
 GRADE: Private  
 SERVICE NUMBER: 3769557  
 UNIT: 1st Lt. Co. 305th Med Bde  
 ADDRESS: St. Avols, France  
 DATE: 1945

**RECORD OF EVENTS**

Left position at St Avols, France and moved by marching to the town of Remyville, France and then to Remerville, France.

CLASSIFICATION	MISC	ATRSO DRAISD	TOTAL	PERCENT			APPEAR				
				PERCENT	PERCENT	PERCENT	PERCENT	PERCENT	PERCENT	PERCENT	PERCENT
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
ENR											
ENR											
ENR											
ENR	1		1		1						
ENR	0		0		0						
ENR	3		3		3						
ENR	4		4		4						
ENR	0/1		0/1		0/1						
ENR	1		1		1						
ENR	13/0		13/0		13/0						
ENR	8/3		8/3		8/3						
ENR	8/7		8/7		8/7						
ENR	62		62		62						1
ENR	75		75		75						
ENR	167/11		167/11		167/11						

I CERTIFY THAT THIS REPORT IS CORRECT AND COMPLETE.

SIGNATURE: [Signature]  
 TITLE: Private

