RESTRICTED

COMPANY MORNING REPORT

ENDING 2400 1 August 1944 (YEAR) 4

FRANCE-Bivouac Area, Coord 561682,

STATION Vic of Le Mensil Vigot.

ORGANIZATION Med Det, Hq Sp Trs, (CO. DET. ETC.) (PRESENT SUBT) MEDICAL (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	NO CHANGE		

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	2									
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	2									

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			8		4	12
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			8		4	12

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK / DATE } — NUMBER

II — MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST DINNER SUPPER — TOTAL ÷ 3 — AVERAGE

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD TO OTHER ORGN FOR RATIONS 8 — MEN ATCHD FOR RATIONS O & OTHERS MESSED — KEY — TOTAL

MEN PRESENT 8 LESS 8 PLUS

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT THE FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

SIGNATURE R. M. Sullivan

R. M. SULLIVAN, CWO, USA, Per. Adjutant.

(RANK) (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 MARCH 1943

RED COPY THRU REG OR SCU

RESTRICTED

COMPANY MORNING REPORT

ENDING 2400 2 August 194 4 (YEAR)

STATION FRANCE-Bivouac Area, Coord 581682, Vic of Le Menail Vigot.

ORGANIZATION Med Det, Hq Sp Trs (CO. DET. ETC.) (PARENT UNIT) MEDICAL (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	NO CHANGE		

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	2									
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	2									

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			8		4	12
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			8		4	12

RATIONS

I ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK / DATE } — NUMBER

II MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST DINNER SUPPER — TOTAL ÷ 3 = AVERAGE

III MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD TO OTHER ORGN FOR RATIONS 8 — MEN ATCHD FOR RATIONS ____ O & OTHERS MESSED ____ — MEN PRESENT 8 LESS 8 — NET — PLUS — TOTAL

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT THE FIGURES IN PART III REPRESENT AN ACTUAL COUNT AS REPORTED TO ME:

R. M. Sullivan

SIGNATURE R. M. SULLIVAN, CWO, USA, Per. Adjutant.
(GRADE) (ARM OR SERVICE)

W.D.A.G.O. FORM NO. 1 (COMPANY) (GRADE) (ARM OR SERVICE)

DO NOT USE THIS FORM OR SCH

COMPANY MORNING REPORT RESTRICTED

ENDING 2400 3 August 1944 (DATE) (MONTH) (YEAR)

STATION FRANCE-Bivouac Area, Coor:4 361682, Nic of Le Mensil Vigot

ORGANIZATION Med Det, Hq Sp Trs, (CO. DET. ETC.) (PARENT UNIT) MEDICAL (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	NO CHANGE		

RECORD OF EVENTS

Usual Medical Duties in Combat Area.
Weather Fair and Warm.

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	2									
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	2									

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR duty	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			8		4	12
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			8		4	12

MESS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK / DATE } — NUMBER

II — MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST DINNER SUPPER — TOTAL ÷ 3 — AVERAGE

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD TO OTHER ORGN FOR RATIONS 8 — MEN ATCHD FOR RATIONS O & OTHERS MESSED ____ — MEN PRESENT 8 — LESS 8 — KEY — PLUS — TOTAL

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

R. M. Sullivan

SIGNATURE R. M. SULLIVAN, CWO, USA, Per. Adjutant.
(NAME) (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1
MARCH 25, 1943

WD COPY THEN WRD OR SCU

RESTRICTED

COMPANY MORNING REPORT

ENDING 2400 4 (DAY) August (MONTH) 1944 (YEAR)

STATION FRANCE-Bivouac Area, .8 Kilometers north of Pontorpson,

ORGANIZATION Med Det, Hq Sp Trs (CO DEP. ETC.) (PARENT UNIT) MEDICAL (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	NO CHANGE		

RECORD OF EVENTS

Moved fr Bivouac Area in Vic of Le Mensil Vigot to Bivouac Area .8 Kilometers north of Pontorpson.

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	2									
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	2									

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASSIGNED			8		4	12
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			8		4	12

PART			
I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK / DATE		NUMBER
II	MESS ATTENDANCE FOR DAY OF THIS REPORT BREAKFAST DINNER SUPPER	TOTAL ÷ 3	AVERAGE
III	MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD TO OTHER ORGN FOR RATIONS 8 MEN PRESENT 8 LESS 8	NET	MEN ATCHD FOR RATIONS ____ O & OTHERS MESSED ____ PLUS	TOTAL

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AS ACTUAL MESS AS REPORTED TO ME:

R. M. Sullivan

SIGNATURE R. M. SULLIVAN, CWO, USA, Per. Adjutant.
(NAME) (GRADE) (ARM OR SERVICE)

A.G. 0 G.O. FORM NO. 1
MARCH 25, 1943

WD COPY THRU HEQ OR SCU

RESTRICTED

COMPANY MORNING REPORT

ENDING 2400 5 August 1944

FRANCE-Bivouac A rea, Coord 909953,

STATION Vic of Lendelin.

ORGANIZATION Med Det, Hq Sp Trs (CO DEP. ETC.) (PARENT UNIT) MEDICAL (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
0-318956	Arbaugh, Charles F.	Capt	
	Duty to Hosp.		

RECORD OF EVENTS

Moved fr Bivouac Area .8 Kilometers north of Pontorpson France to Vicinity of Lendelin France Coord 909953.

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	1	1								
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1	1								

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			8		4	12
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			8		4	12

RATIONS

I ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK / DATE } — NUMBER

II MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST DINNER SUPPER — TOTAL — 4 3 — AVERAGE

III MEN AUTHORIZED TO MESS SEPARATELY ___ MEN ATCHD TO OTHER ORGN FOR RATIONS 8 — MEN ATCHD FOR RATIONS O & OTHERS MESSED — MEN PRESENT 8 — LESS 8 — NET — PLUS — TOTAL

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT NO MEN PRESENT OR PART IN REPORT AS ACTUAL CHANGES AS REPORTED TO ME

R. M. Sullivan

SIGNATURE R. M. SULLIVAN, CWO, USA, Per. Adjutant.
(NAME) (GRADE) (ARM OR SERVICE)

W. D. A. G. O. FORM NO. 1
MARCH 25, 1943

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COMPANY MORNING REPORT ENDING 2400 6 August 194 4

FRANCE-Bivouac Area, Coord 909955,

STATION Vic of Lendelin

ORGANIZATION Med Det, Hq Sp Trs (CO, BTY, ETC.) (PARENT UNIT) MEDICAL (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	No Change		

RECORD OF EVENTS

Usual Medical Duties in Combat Area

Weather: Fair and Warm.

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	1	1								
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	1	1								

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			8		4	12
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			8		4	12

RATIONS

I. ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK / DATE } — NUMBER

II. MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST DINNER SUPPER — TOTAL ÷ 3 = AVERAGE

III. MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD TO OTHER ORGN FOR RATIONS 8 — MEN PRESENT 8 LESS 8 NET — MEN ATCHD FOR RATIONS ____ O & OTHERS MESSED ____ PLUS — TOTAL

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT ENTRIES FIGURED IN PART IN REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

SIGNATURE R. M. SULLIVAN, CWO, USA, Per. Adj.
(RANK) (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 MARCH 23, 1943

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COMPANY MORNING REPORT

RESTRICTED

ENDING 2400 8 August 194 4

FRANCE-Bivouac Area, Coord 909953,

STATION Vic of Lendelin

ORGANIZATION Med Det, Hq Sp Trs (CO DET ETC.) (PARENT ORG) MEDICAL (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
0-318956	Arbaugh, Charles F.	Capt	3
	Hosp to Duty		

RECORD OF EVENTS

Usual Medical Duties in Combat Area

Weather: Fair and Warm.

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		W.O.			
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	2									
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	2									

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			8		4	12
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			8		4	12

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK / DATE } — NUMBER

II — MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST DINNER SUPPER — TOTAL ÷ 3 = AVERAGE

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD TO OTHER ORGN FOR RATIONS 8 — MEN ATCHD FOR RATIONS O & OTHERS MESSED — NET — TOTAL

MEN PRESENT 8 LESS 8 PLUS

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME:

R. M. Sullivan

SIGNATURE R. M. SULLIVAN, CWO, USA, Per. Adj.
(NAME) (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1
MARCH 29, 1943

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RESTRICTED

COMPANY MORNING REPORT

ENDING 2400 8 August 194 4 (YEAR)

FRANCE-Bivouac Area, (SAP) Coord 909953,

STATION Vic of Lendelin

ORGANIZATION Med Det, Hq Sp Trs (CO DET ETC) (PARENT SR-T) MEDICAL (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	NO CHANGE		

RECORD OF EVENTS

Usual Medical Duties in Combat Area. Weather: Fair and Warm.

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	2									
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	2									

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			8		4	12
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			8		4	12

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK / DATE } — NUMBER

II — MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST DINNER SUPPER — TOTAL ÷ 3 = AVERAGE

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD TO OTHER ORGN FOR RATIONS 8 — MEN PRESENT 8 LESS 8 — NET — MEN ATCHD FOR RATIONS ____ O & OTHERS MESSED ____ PLUS — TOTAL

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

SIGNATURE R. M. Sullivan, CWO, USA, Per. Adjutant.

(NAME) (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 MARCH 22, 1943

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RESTRICTED

COMPANY MORNING REPORT ENDING 2400 9 August 1944

FRANCE-Bivouac Area, Coord 908953,

STATION Vic of Lendelin

ORGANIZATION Med Det, Hq Sp Trs (CO. DET. ETC.) (PARENT UNIT) MEDICAL (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	NO CHANGE		

RECORD OF EVENTS

Usual Administrative Duties in Combat Area. Weather: Fair and Warm.

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLY O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	2									
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	2									

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			8		4	12
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			8		4	12

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK / DATE } — NUMBER

II — MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST DINNER SUPPER — TOTAL ÷ 3 — AVERAGE

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD TO OTHER ORGN FOR RATIONS 8 — MEN ATCHD FOR RATIONS O & OTHERS MESSED ____ — MEN PRESENT 8 LESS 8 — NET — PLUS — TOTAL

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT PERSON PUNISHED IN PART II REPRESENT AN ACTUAL AMOUNT AS REPORTED TO ME:

R. H. Sullivan

SIGNATURE R. H. SULLIVAN, 1LO, INS., POW, Adjutant (GRADE) (CONST. ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 MARCH 29, 1943

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RESTRICTED

COMPANY MORNING REPORT

ENDING 2400 10 August 1944 (DATE) (YEAR)

FRANCE-Bivouac Area, Card 909953,

STATION Vic of Lendelin

ORGANIZATION Med Det, Hq S. Trs, 83rd Inf Div MED
(CO REG ETC.) (PRESENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	NO CHANGE		

RECORD OF EVENTS

Usual Medical Duties in Combat Area,
Weather: Fair and Warm.

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	2									
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	2									

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			8		4	12
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			8		4	12

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK / DATE } — NUMBER

II — MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST DINNER SUPPER — TOTAL ÷ 3 = AVERAGE

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS O & OTHERS MESSED ____ MEN ATCHD TO OTHER ORGN FOR RATIONS 8 — NET — TOTAL
MEN PRESENT 8 LESS 8 PLUS

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME:

SIGNATURE R. W. SULLIVAN, CWO, USA, Per. Adjutant.
(NAME) (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1
MARCH 29, 1943

RD COPY THRU HRD OR SCH

COMPANY MORNING REPORT

RESTRICTED

ENDING 2400 11 August 1944

FRANCE-Bivouac Area, Coord 909953,

STATION Vic of Lendelin

ORGANIZATION Med Det, Hq Sp Trs (CO, DET, ETC.) (PARENT UNIT) MEDICAL (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	NO CHANGE		

RECORD OF EVENTS

Usual Medical Duties in Combat Area. Weather: Fair and Warm.

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	2									
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	2									

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			8		4	12
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			8		4	12

RATIONS

I. ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK / DATE } — NUMBER

II. MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST DINNER SUPPER — TOTAL ÷ 3 = AVERAGE

III. MEN AUTHORIZED TO MESS SEPARATELY 8 — MEN ATCHD TO OTHER ORGN FOR RATIONS — MEN ATCHD FOR RATIONS O & OTHERS MESSED — MEN PRESENT 8 — LESS 8 — NET — PLUS — TOTAL

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATIONS FIGURED IN PART II REPRESENT AN ACTUAL MESS AS REPORTED TO ME:

R. M. Sullivan

SIGNATURE R. M. SULLIVAN, CWO, USA, Per. Adj.
(NAME) (GRADE) (ARM OR SERVICE)

U.S. A. G. O. FORM NO. 1 MARCH 25, 1943

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COMPANY MORNING REPORT ENDING 2400 12 August 4 194

FRANCE-Bivouac Area, Coord 909953

STATION Vic of Lendelin

ORGANIZATION Med Det, Hq Sp Trs (CO DET ETC) (PARENT UNIT) MEDICAL (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	NO CHANGE		

RECORD OF EVENTS

Usual Medical Duties in Combat Area.
Weather: Fair and Warm.

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	2									
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	2									

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			8		4	12
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			8		4	12

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK / DATE } — NUMBER

II — MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST DINNER SUPPER — TOTAL ÷ 3 = AVERAGE

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD TO OTHER ORGN FOR RATIONS 8 — MEN ATCHD FOR RATIONS O & OTHERS MESSED ____ — MEN PRESENT 8 LESS 8 — NET — PLUS — TOTAL

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT ANY PROOFS IN WHAT IS REPRESENT AS ACTUAL ARE DEPOSITED TO BE:

SIGNATURE R. M. Sullivan R. M. SULLIVAN, CWO, USA, Per. Adj. (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 MARCH 29, 1943 (NAME)

WD COPY THRU NRU OR SCU

RESTRICTED

COMPANY MORNING REPORT .. ENDING 2400 13 August 1944

FRANCE-Bivouac Area, Coord 909953

STATION Vic Lendelin

ORGANIZATION Med Det, Hq Sp Trs (NO. BDE, ETC.) (PARENT UNIT) MEDICAL (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	NO CHANGE		

RECORD OF EVENTS

Usual Medical Duties in Combat Area.
Weather Fair and Warm

OFFICER STRENGTH	FLD O & CADT		1ST LT		2D LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	2									
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	2									

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			8		4	12
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			8		4	12

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK ____ DATE ____ — NUMBER

II — MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST ____ DINNER ____ SUPPER ____ — TOTAL ____ ÷ 3 — AVERAGE

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS ____ MEN ATCHD TO OTHER ORGN FOR RATIONS 8 — NET — O & OTHERS MESSED ____ — TOTAL

MEN PRESENT 8 LESS 8 PLUS

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT ANY ERROR FIGURED IN PART IS REPRESENT AN ACTUAL GIVING AS REPORTED TO ME.

R. M. Sullivan

SIGNATURE R. M. SULLIVAN, CWO, USA, Pos Adj

(NAME) (RANK) (ORGN)

U.S. A.G.O. FORM NO. 1 MARCH 23, 1943

NO COPY THRU MEN OR BCR

COMPANY MORNING-REPORT RESTRICTED

ENDING 2400 (DAY) 14 (MONTH) August (YEAR) 1944

STATION FRANCE-Bivouac Area, Coord 909953, Vic of Lendelin

ORGANIZATION Med Det, Hq Sp Trs 63 INF MEDICAL (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	NO CHANGE		

RECORD OF EVENTS

Usual Medical Duties in Combat Area: Weather: Fair and Warm

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	2									
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	2									

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			8		4	12
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			8		4	12

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK / DATE } — NUMBER

II — MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST DINNER SUPPER — TOTAL ÷ 3 = AVERAGE

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD TO OTHER ORGN FOR RATIONS 8 — MEN ATCHD FOR RATIONS OR OTHERS MESSED ____ — MEN PRESENT 8 LESS 8 NET ____ PLUS ____ TOTAL ____

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATIONS FIGURED IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME:

R. M. Sullivan

SIGNATURE R. M. SULLIVAN, CWO, USA, Pox Adj (NAME) (RANK) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 (MARCH 29, 1943)

NO COPY THRU MRU OR SCN

COMPANY MORNING REPORT

RESTRICTED

DATE 2400 15 (DAY) August (MONTH) 194 4 (YEAR)

STATION FRANCE-Bivouac Area, Coord 909953, Vic of Lendelin

ORGANIZATION Med Det, Hq Sp Trs (ARMY ORGANIZATION) MEDICAL (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	NO CHANGE		

RECORD OF EVENTS

Usual Medical Duties in Combat Area.
Weather: Fair and Warm.

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	2									
ATTACHED GRN SECRD										
ATTACHED FR OTHER ORGN										
TOTAL	2									

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			8		4	12
ATTACHED NOT ASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			8		4	12

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK / DATE } — NUMBER

II — MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST DINNER SUPPER — TOTAL ÷ 3 — AVERAGE

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD TO OTHER ORGN FOR RATIONS 8 — MEN ATCHD FOR RATIONS ____ / O & OTHERS MESSED ____ — NET — TOTAL

MEN PRESENT 8 LESS 8 PLUS

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES SHOWN HEREIN REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

SIGNATURE R. M. Sullivan

R. M. SULLIVAN, CWO, USA, Per. Adj.
(GRADE) (ARM OR SERVICE)

U.S. W.D. FORM No. 1 MARCH 20, 1942

WD COPY THIRD NET OR SCR

COMPANY MORNING REPORT

RESTRICTED

ENDING 2400 16 (DAY) August (MONTH) 194 4 (YEAR)

STATION FRANCE-Bivouac Area, Coord 764971, 4 Km North of Dinan, France

ORGANIZATION Med Det, Hq Sp Trs, (CO. BAT. ETC.) (PARENT UNIT) MEDICAL (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
32762727	Bessinger, Frank L.(861)	Pvt	E
	Trfd fr 48th Repl Bn to 83rd Inf Div per SO 66, Hq 48th Repl Bn dtd 14 Aug 44 and Asgd to Med Det, Hq Sp Trs per SO 160 Hq 83rd Inf Div APO 83, U.S. Army dtd 16 Aug 1944.		

RECORD OF EVENTS

Moved from Vic of Lendelin, [illegible] 209953 to 4 Km North of Dinan, France Coord 764971. [redacted] Usual Medical Duties in Combat Area. Weather: Fair and Warm

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	2									
ATTACHED UNASSIGNED										
ATTACHED FR OTHER CMDS										
TOTAL	2									

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			9		4	13
ATTACHED UNASSIGNED						
ATTACHED FR OTHER CMDS						
TOTAL			9		4	13

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK / DATE } — NUMBER

II — MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST DINNER SUPPER — TOTAL ÷ 3 — AVERAGE

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD TO OTHER CMDS FOR RATIONS 9 — MEN ATCHD FOR RATIONS & OTHERS MESSED ____ — MEN PRESENT 9 LESS 9 — KEY — PLUS — TOTAL

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

R. M. Sullivan

SIGNATURE — R. M. SULLIVAN, CWO, USA, Per. Adjutant. (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 MARCH 25, 1943 (ELBE)

WD COPY THRU MEU OR SCU

RESTRICTED

COMPANY MORNING REPORT ENDING 2400 17 August 194 4 (YEAR)

FRANCE-Ettvouac Area, Coord 76971,

STATION Km North of Diran, France

ORGANIZATION Med Det, Hq Sq Frs (CO. DET. ETC.) (PARENT UNIT) MEDICAL (ARMED SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	NO CHANGE		

RECORD OF EVENTS

Usual Medical Duties in Combat Area.
Weather Fair and Warm.
[illegible] Fair.

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	2									
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	2									

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASSIGNED			9		4	13
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			9		4	13

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK / DATE } — NUMBER

II — MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST DINNER SUPPER — TOTAL ÷ 3 = AVERAGE

III — MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD TO OTHER ORGN FOR RATIONS 9 — MEN ATCHD FOR RATIONS O & OTHERS MESSED ____ — MEN PRESENT 9 LESS 9 NET ____ PLUS ____ TOTAL ____

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME:

SIGNATURE E. M. Sullivan

E. M. SULLIVAN, 2LT, USA (GRADE) (ARM OR SERVICE)

W.D., A.G.O. FORM NO. 1 MARCH 25, 1943 — 2ND COPY THRU [illegible] Det. Adj

COMPANY RESTRICTED
MORNING REPORT

Entries 24 hrs 18 August 1944

FRANCE-Bivouac Area, Grid Coord 764971, Grand

STATION 4 Km North of Dinan, France

ORGANIZATION Med Det, Hq & Trs, MEDICAL
(Co. Det. Etc.) (Parent Unit) (Bn or Service)

Serial Number	Name	Grade	Code
	NO CHANGE		

RECORD OF EVENTS

Usual Medical Duties in Combat Area.
Weather: Fair and Warm.

Officer Strength	Flt O & Capt Pres	Flt O & Capt Abs't	1st Lt Pres	1st Lt Abs't	2d Lt Pres	2d Lt Abs't	WO Pres	WO Abs't	Flt O Pres	Flt O Abs't
Assd	2									
Atchd Guarded										
Atchd Fr Other Units										
Total	2									

Avn Cadet & Enl. Strength	Aviation Cadets Present	Aviation Cadets Absent	Enlisted Men Present for Duty	Enlisted Men Not Pres for Dty	Enlisted Men Absent	Enlisted Men Present and Absent
Assd			9		4	13
Atchd Guarded						
Atchd Fr Other Units						
Total			9		4	13

RATIONS

I. Estimated number of rations required for: Day of week ____ Date ____ Number ____

II. Mess attendance for day of this report: Breakfast ____ Dinner ____ Supper ____ Total ____ ÷ 3 Average ____

III. Men attached to other units messed separately ____ Men attached for rations only 9 Det ____ Men attached for rations & others messed ____ Total ____

Men present: 9 Less 9 Plus ____

PAGE 1 OF 1 PAGES

I certify that this morning report is correct and that rations for the above number of men have been requested as herein shown and reported to me.

E. M. Sullivan

E. M. SULLIVAN, MD, USA, Por, Adj.

Signature

U.S. A.G.O. Form No. 2 July 6, 1940

Dated

Grand Offr or Sergt

WD COPY THRU REG OR SCU

COMPANY RESTRICTED
MORNING REPORT 2400 19 August 1944

FRANCE-Bivouac Area, Coord 764971,

STATION 4 Km North of Dinan, France.

ORGANIZATION Med Det., Hq Sp Trs, 83rd Inf Div

MEDICAL SERVICES

SERIAL NUMBER	NAME	GRADE	CODE
	NO CHANGE		

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASGD	2									
ATCHD GRADED										
ATCHD FR OTHER ORGN										
TOTAL	2									

AVIATION CADET & ENL STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASGD			9		4	13
ATCHD GRADED						
ATCHD FR OTHER ORGN						
TOTAL			9	1	4	13

RATIONS

I ESTIMATED NUMBER OF RATIONS REQUIRED FOR } DAY OF WEEK ____ DATE ____ NUMBER

II MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST ____ DINNER ____ SUPPER ____ TOTAL ____ ÷ 3 AVERAGE

III MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS O & OTHERS MESSED ____ MEN ATCHD TO OTHER ORGN FOR RATIONS 9 — MEN PRESENT 9 LESS 9 NET ____ PLUS ____ TOTAL ____

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATIONS PROVIDED IN PART II HAVE BEEN ACTUALLY ORDERED AS REPORTED TO ME.

R. M. Sullivan

SIGNATURE R. M. SULLIVAN, CWO, USA, Per. Adj.

W.D., A.G.O. Form No. 2 — WD COPY THRU REG OR SCH

COMPANY RESTRICTED
MORNING REPORT 2400 20 August 194 4
(DATE)

FRANCE-Bivouac Area, Coord 764971,
STATION 4 Km North of Dinan, France

ORGANIZATION Med Det, Hq Sp Trs MEDICAL
(CO. DET. ETC.) (STATION) (BRANCH OF SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	NO CHANGE		

RECORD OF EVENTS

Usual Medical Duties in Combat Area.
Weather Cloudy with showers.

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASGD	2									
ATCHD GRADED										
ATCHD FR OTHER ORGN										
TOTAL	2									

AVN CADET & ENL STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASGD			9		4	13
ATCHD GRADED						
ATCHD FR OTHER ORGN						
TOTAL			9		4	13

RATIONS

I ESTIMATED NUMBER OF RATIONS REQUIRED FOR } DAY OF WEEK ____ DATE ____ NUMBER

II MESS ATTENDANCE FOR DAY OF THIS REPORT
BREAKFAST DINNER SUPPER TOTAL ÷ 3 AVERAGE

III MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS O & OTHERS MESSED ____
MEN ATCHD TO OTHER ORGN FOR RATIONS 9 NET TOTAL
MEN PRESENT 9 LESS 9 PLUS

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION [illegible] AS HEREIN AS ACTUALLY ARE REPORTED TO BE.

R. M. Sullivan
SIGNATURE R. M. SULLIVAN, CWO, USA, Per. Adj.

W.D., A.G.O. FORM NO. 1 JULY 1, 1943 SERIES WD COPY THRU REU OR SCU SERIES NO. 120 OF SERVICE

COMPANY RESTRICTED
MORNING REPORT 2400 21 August 194 4
(YEAR)

FRANCE-Bivouac Area, Coord 040935,
STATION Vic of Rennes, France.

ORGANIZATION Med Det, Hq Sp Trs, MEDICAL
(CO. DET. ETC.) (PARENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	NO CHANGE		

RECORD OF EVENTS

Moved to Vicinity of Rennes, France Coord 040935. Usual Medical Duties in Combat Area. Weather: Cloudy and with Rain.

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASGD	2									
ATCHD ORGANIZED										
ATCHD FR OTHER ORGN										
TOTAL	2									

AVIATION CADET & ENL STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DT	ABSENT	PRESENT AND ABSENT
ASGD			9		4	13
ATCHD ORGANIZED						
ATCHD FR OTHER ORGN						
TOTAL			9		4	13

RATIONS

I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK / DATE		NUMBER
II	MESS ATTENDANCE FOR DAY OF THIS REPORT. BREAKFAST DINNER SUPPER	TOTAL ÷ 3	AVERAGE
III	MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD TO OTHER ORGN FOR RATIONS 9 MEN PRESENT 9 LESS 9	NET	MEN ATCHD FOR RATIONS & OTHERS MESSED ____ PLUS	TOTAL

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME:

R. M. Sullivan

SIGNATURE R. M. SULLIVAN, CWO, USA, Per. Adj.

U.S. A.G.O. FORM NO. 1 JULY 1, 1943 (REVISED DATE OR REV PTD.)

WD COPY THRU MRU OR SCB

COMPANY RESTRICTED
MORNING REPORT EXPIRES 24 HRS 22 August 194 4
FRANCE-Bivouac Area, Coord-040935.

STATION Vic of Rennes, France.

ORGANIZATION Med Det., Hq Sp Trs MEDICAL
(CO. BAT. REGT.) (PARENT UNIT) (BRN OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	NO CHANGE		

RECORD OF EVENTS

Usual Medical Duties in Combat Area.
Weather: Fair and Warm till 2200 when it clouded up and Rained.

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASGD	2									
ATCHD GRANTED										
ATCHD FR OTHER ORGN										
TOTAL	2									

AVN CADET & ENL STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABS'NT
ASGD			9		4	13
ATCHD GRANTED						
ATCHD FR OTHER ORGN						
TOTAL			9		4	13

RATIONS

I — ESTIMATED NUMBER OF RATIONS REQUIRED FOR } DAY OF WEEK / DATE — NUMBER

M — MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST DINNER SUPPER — TOTAL ÷ 3 — AVERAGE

MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS O & OTHERS MESSED ____
MEN ATCHD TO OTHER ORGN FOR RATIONS 9 — KEY — TOTAL
MEN PRESENT 9 LESS 9 PLUS

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATIONS PRESENT IN PAST 24 HOURS HAVE BEEN AS REPORTED TO ME.

SIGNATURE E. M. SULLIVAN, CWO, USA, Pur. Adj.

W.D., A.G.O. FORM NO. 1
JULY 1, 1943

GPO
WD COPY THRU MAIL OR SCH

GRADE USED IN SERVICE

COMPANY RESTRICTED

MORNING REPORT

Ending 2400 23 August 1944

FRANCE-Bivouac Area, Coord 0L0935,

STATION Vic of Rennes, France.

ORGANIZATION Med Det., Hq Sp Trs — MEDICAL

SERIAL NUMBER	NAME	GRADE	CODE
	NO CHANGE		

RECORD OF EVENTS

Usual [redacted] Medical Duties in Combat Area. Weather: Cloudy to Fair and Warm.

OFFICER STRENGTH	FLD O & CAPT PRES	FLD O & CAPT ABS'T	1ST LT PRES	1ST LT ABS'T	2D LT PRES	2D LT ABS'T	WO PRES	WO ABS'T	FLT O PRES	FLT O ABS'T
ASGD	2									
ATCHD DRAWN										
ATCHD FR OTHER SRGN										
TOTAL	2									

AVE CADET & ENL STRENGTH	AVIATION CADETS PRESENT	AVIATION CADETS ABSENT	ENLISTED MEN PRESENT FOR DUTY	ENLISTED MEN PRESENT NOT FOR DUTY	ENLISTED MEN ABSENT	ENLISTED MEN PRESENT AND ABSENT
ASGD			9		4	13
ATCHD DRAWN						
ATCHD FR OTHER SRGN						
TOTAL			9		4	13

RATIONS

I ESTIMATED NUMBER OF RATIONS REQUIRED FOR } DAY OF WEEK ____ DATE ____ NUMBER

II MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST ____ DINNER ____ SUPPER ____ TOTAL ____ ÷ 3 = AVERAGE

III MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD TO OTHER ORGN FOR RATIONS 9 — NET ____ MEN ATCHD FOR RATIONS O & OTHERS MESSED ____ PLUS — TOTAL ____

MEN PRESENT 9 LESS 9

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION PAGE 10 PAGE 11 REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

R. M. Sullivan

SIGNATURE R. M. SULLIVAN, CWO, USA, Per. Adj.

WD COPY THRU NRU OR SCU

RESTRICTED

COMPANY MORNING REPORT

ENDING 2400 24 August 1944 (YEAR)

STATION France-Bivouac Area, Coord 010935, Vic of Pennes, France.

ORGANIZATION Med Det, Hq Sp Trs (CO. DEV. ETC.) (PARENT UNIT) INFANTRY (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	NO CHANGE		

RECORD OF EVENTS

Regular Medical Duties in Combat Area.
Weather: Fair and Warm.

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASSIGNED	2									
ATTACHED UNASSIGNED										
ATTACHED FR OTHER ORGN										
TOTAL	2									

AVN CADET & ENLISTED STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASSIGNED			9		8	13
ATTACHED UNASSIGNED						
ATTACHED FR OTHER ORGN						
TOTAL			9		8	13

RATIONS				
I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK / DATE			NUMBER
II	MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST DINNER SUPPER	TOTAL	4 3	AVERAGE
III	MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD TO OTHER ORGN FOR RATIONS 9 — MEN PRESENT 9 — LESS 9	NET	MEN ATCHD FOR RATIONS ____ O & OTHERS MESSER ____ PLUS	TOTAL

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO ME:

R. M. Sullivan

SIGNATURE R. M. SULLIVAN, CWO, USA, Personnel Adjutant

A.G.O. FORM NO. 1 (RULES) (SIGN)

RD COPY THRU MR / OR SCO

COMPANY RESTRICTED

MORNING REPORT ENDING 2400 25 August 194 4

FRANCE-Bivouac Area, Coord 269107

STATION Vicinity of Soudan, France.

ORGANIZATION Med Det, Hq S: Trs, 83rd Inf Div
(CO. DET. ETC.) (PARENT UNIT) MEDICAL

SERIAL NUMBER	NAME	GRADE	CODE
	NO CHANGE		

RECORD OF EVENTS

Moved to vicinity of Soudan France, Coord (269107) Weather: Fair and Warm.

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASGD	2									
ATCHD DRAWN										
ATCHD FR OTHER ORGN										
TOTAL	2									

AVN CADET & ENL STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASGD			9		4	13
ATCHD DRAWN						
ATCHD FR OTHER ORGN						
TOTAL			9		4	13

RATIONS

ESTIMATED NUMBER OF RATIONS REQUIRED FOR } DAY OF WEEK ____ DATE ____ NUMBER

MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST ____ DINNER ____ SUPPER ____ TOTAL ____ ÷ 3 AVERAGE

MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS O & OTHERS MESSED ____ TOTAL

MEN ATCHD TO OTHER ORGN FOR RATIONS ____ NET ____

MEN PRESENT: 9 LESS 9 PLUS

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION FIGURES IN PART II HEREOF ARE ACTUAL COUNT AS REPORTED TO ME.

R. M. Sullivan

SIGNATURE R. M. SULLIVAN, CWO, USA, Per. Adj.

U.S. A.G.O. FORM NO. 1 JULY 2, 1943 CHANGE WD COPY THRU HRU OR SCU

HEADQUARTERS OR SERVICE

COMPANY RESTRICTED

MORNING REPORT ENDING 2400 26 August 1944 (YEAR)

FRANCE-Bivouac Area, Coord 269107,

STATION Vicinity of Soudan, France.

ORGANIZATION Med Det, Hq Sp Trs (CO. DET. ETC.) MEDICAL (PARENT UNIT) (NAME OF SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	NO CHANGE		

RECORDS OF EVENTS

Usual Medical Duties in a Combat Area.

Weather: Fair and Warm.

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASGD	2									
ATCHD GRANTED										
ATCHD FR OTHER ORGN										
TOTAL	2									

AVIATION CADET & ENL STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DY	ABSENT	PRESENT AND ABSENT
ASGD			9		4	15
ATCHD GRANTED						
ATCHD FR OTHER ORGN						
TOTAL			9		4	15

MATIONS

ESTIMATED NUMBER OF RATIONS REQUIRED FOR	DAY OF WEEK / DATE		NUMBER
MESS ATTENDANCE FOR DAY OF THIS REPORT		TOTAL	AVERAGE
BREAKFAST	DINNER	SUPPER	÷ 3
MEN AUTHORIZED TO MESS SEPARATELY		MEN ATCHD FOR RATIONS O & OTHERS MESSED	
MEN ATCHD TO OTHER ORGN FOR RATIONS 9	NET		TOTAL
MEN PRESENT 9	LESS 9	PLUS	

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATIONS FURNISHED IN PART [illegible] AS ACTUAL COUNT AS REPORTED TO ME.

R. M. Sullivan

SIGNATURE

R. M. SULLIVAN, CWO, USA, Per. Adj.

U.S. A.G.O. FORM NO. 1 JULY 1, 1943 (SIGNED) WD COPY THRU MEM OR SCU (NAMED UNIT OR SERVICE)

COMPANY RESTRICTED
MORNING REPORT 27 August 194 4
FRANCE-Bivouac Area; Coord 889107, (YEAR)

STATION Vicinity of Soudan, France

ORGANIZATION Med Det, Hq Sp Trs MEDICAL
(CO. DET. ETC.) (STATION UNITS) (BRANCH OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	NO CHANGE		

RECORD OF EVENTS

Usual Medical Duties in Combat Area. Weather: Fair and Warm.

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASGD	2									
ATCHD GRANTED										
ATCHD FR OTHER ORGN										
TOTAL	2									

AVN CADET & ENL STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASGD			9		4	13
ATCHD GRANTED						
ATCHD FR OTHER ORGN						
TOTAL			9		4	13

RATIONS

I ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK / DATE } NUMBER

II MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST DINNER SUPPER — TOTAL ÷ 3 = AVERAGE

III MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD TO OTHER ORGN FOR RATIONS 9 — MEN PRESENT 9 LESS 9 — NET — MEN ATCHD FOR RATIONS O R OTHERS MESSED ____ PLUS — TOTAL

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATION PAYROLLS IN PART II REPRESENT AN ACTUAL COUNT AS REPORTED TO REC

R. M. Sullivan

R. M. SULLIVAN, CWO, USA, Per. Adj.

SIGNATURE

U.S. A.G.O. FORM NO. 1 JULY 1, 1943 (BLANKS) (FORMS AND SERVICE)

WD COPY THRU NRU OR SCU

COMPANY RESTRICTED
MORNING REPORT ENDING 2400 28 August 44

FRANCE-Diversus Area, APO Ussrd 269107,
STATION Vicinity of Sevian, France
ORGANIZATION Med Det, Hq Sp Trs, MEDICAL
(Co. Det. etc.) (Parent Unit) (Bn or Service)

SERIAL NUMBER	NAME	GRADE	CODE
	NO CHANGE		

RECORD OF EVENTS

Usual Medical Duties for Division Special Troops in Combat Area. Weather: Fair and Warm.

OFFICER STRENGTH	FLD O & CAPT PRES	FLD O & CAPT ABS'T	1ST LT PRES	1ST LT ABS'T	2D LT PRES	2D LT ABS'T	WO PRES	WO ABS'T	FLT O PRES	FLT O ABS'T
ASGD	2									
ATCHD TRANSIT										
ATCHD FR OTHER ORGN										
TOTAL	2									

AVN CADET & ENL STRENGTH	AVIATION CADETS PRESENT	AVIATION CADETS ABSENT	ENLISTED MEN PRESENT FOR DUTY	ENLISTED MEN PRESENT NOT FOR DUTY	ENLISTED MEN ABSENT	ENLISTED MEN PRESENT AND ABSENT
ASGD			9		4	13
ATCHD TRANSIT						
ATCHD FR OTHER ORGN						
TOTAL			9		4	13

RATIONS

I	ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK / DATE	NUMBER
II	MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST / DINNER / SUPPER — TOTAL ÷ 3	AVERAGE
III	MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD FOR RATIONS O & OTHERS MESSED ____ MEN ATCHD TO OTHER ORGN FOR RATIONS 9 — MEN PRESENT 9 — LESS 9 — NET — PLUS — TOTAL	

PAGE 2 OF 2 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATIONS PLACED IN PAST IN PROPORTION AS ACTUAL COURSE AS REPORTED TO ME.

R. M. Sullivan

SIGNATURE R. M. SULLIVAN, CWO, USA, Pers. Adj.

W.D., A.G.O. Form No. 2 (Rev 1. 1943) (Replaces AGO Form No. 2, which may be used) USE COPY THRU RAW OR SCW (Number and size as required)

COMPANY MORNING REPORT — DETACHMENT 29 August 194 4 (YEAR)

STATION FRANCE-Bivouac Area, Coord 289107, Vicinity of Soudan, France

ORGANIZATION Med Det, Eq Sp Trs (U.S. DET. ETC.) (SHORT UNIT) MEDICAL (DATE OF SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	NO CHANGE		

RECORDS OF EVENTS

Usual Medical Duties in Combat Area.
Weather Cloudy with showers.

OFFICER STRENGTHS	FLD G & CAPT PRES	FLD G & CAPT ABS'T	1ST LT PRES	1ST LT ABS'T	2D LT PRES	2D LT ABS'T	WO PRES	WO ABS'T	FLT O PRES	FLT O ABS'T
ASGD	2									
ATCHD DRAWN										
ATCHD FR OTHER UNITS										
TOTAL	2									

AVG CADET & ENL STRENGTHS	AVIATION CADETS PRESENT	AVIATION CADETS ABSENT	ENLISTED MEN PRESENT FOR DUTY	ENLISTED MEN PRESENT NOT FOR DUTY	ENLISTED MEN ABSENT	ENLISTED MEN PRESENT AND ABS'NT
ASGD			9		4	13
ATCHD DRAWN						
ATCHD FR OTHER UNITS						
TOTAL			9		4	13

RATIONS

ESTIMATED NUMBER OF RATIONS REQUIRED FOR { DAY OF WEEK / DATE } — NUMBER

MEN ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST / DINNER / SUPPER — TOTAL ÷ 3 = AVERAGE

MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD TO OTHER CORPS FOR RATIONS 9 — MEN ATCHD FOR RATIONS O & OTHERS MESSED

MEN PRESENT 9 LESS 9 NET — PLUS — TOTAL

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT NOTHING HAS BEEN OMITTED OR ADDED AS ACTUAL FACT AS REPORTED TO ME.

R. M. Sullivan

CHARGE R. M. SULLIVAN, CWO, USA, Pers. Adj.

U.S. A.G.O. FORM NO. 4 JULY 1, 1940 — USED — WD COPY THRU RCU OR SCU. — ISSUED UNDER WD REG.

COMPANY MORNING REPORT — RESTRICTED

ENDING 2400 30 August 1944

FRANCE-Bivouac Area, Coord 269107,

STATION Vicinity of Soudan, France.

ORGANIZATION Med Det, Hq Sp Trs (CO. DET. ETC.) (PARENT UNIT) MEDICAL (UNIT TO BE SERVICED)

SERIAL NUMBER	NAME	GRADE	CODE
	NO CHANGE		

RECORD OF EVENTS

Usual Medical Duties for Division Rear Echelon. Weather: Cloudy with rain.

OFFICERS STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLT O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASGD	2									
ATCHD GRADED										
ATCHD FR OTHER ORGS										
TOTAL	2									

AVD CADET & ENL STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASGD			9		4	13
ATCHD GRADED						
ATCHD FR OTHER ORGS						
TOTAL			9		4	13

RATIONS

ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK ____ DATE ____ — NUMBER

MESS ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST ____ DINNER ____ SUPPER ____ — TOTAL ____ ÷ 3 — AVERAGE

MEN AUTHORIZED TO MESS SEPARATELY ____ MEN ATCHD TO OTHER ORGS FOR RATIONS 9 — MEN ATCHD FOR RATIONS ____ O & OTHERS MESSED ____ — NET ____ — TOTAL

MEN PRESENT: 9 LESS 9 PLUS

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATIONS FIGURED ON PAGE 1 REPRESENT AN ACTUAL COUNT AS REPORTED TO ME.

R. M. Sullivan

SIGNATURE R. M. SULLIVAN, CWO, USA, Per. Adj.

W.D. A.G.O. FORM NO. 1 AUG 1, 1942 — OBSOLETE

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COMPANY RESTRICTED

MORNING REPORT

ENDING 2400 31 August 19 44

FRANCE-Bivouac Area, Coord 289107,

STATION Vicinity of Soudan, France.

ORGANIZATION Med Det, 3d Sp Trs, MEDICAL
(CO. DET. ETC.) (PARENT UNIT) (ARM OR SERVICE)

SERIAL NUMBER	NAME	GRADE	CODE
	NO CHANGE		

RESTRICTED

RECORD OF EVENTS

Usual Medical Duties in Combat Area.
Weather: Cloudy with Showers.

OFFICER STRENGTH	FLD O & CAPT		1ST LT		2D LT		WO		FLY O	
	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T	PRES	ABS'T
ASGD	2									
ATCHD REGIMENT										
ATCHD FOR OTHER ORGN										
TOTAL	2									

AVN CADET & ENL STRENGTH	AVIATION CADETS		ENLISTED MEN			
	PRESENT	ABSENT	PRESENT FOR DUTY	PRESENT NOT FOR DUTY	ABSENT	PRESENT AND ABSENT
ASGD			9		4	13
ATCHD REGIMENT						
ATCHD FOR OTHER ORGN						
TOTAL			9		4	13

RATIONS

I. ESTIMATED NUMBER OF RATIONS REQUIRED FOR: DAY OF WEEK / DATE — NUMBER

II. MEN ATTENDANCE FOR DAY OF THIS REPORT — BREAKFAST / DINNER / SUPPER — TOTAL ÷ 3 = AVERAGE

III. MEN AUTHORIZED TO MESS SEPARATELY / MEN ATCHD TO OTHER ORGN FOR RATIONS / MEN PRESENT 9 LESS 9 NET / MEN ATCHD FOR RATIONS / O & OTHERS MESSED / PLUS — TOTAL

PAGE 1 OF 1 PAGES

I CERTIFY THAT THIS MORNING REPORT IS CORRECT AND THAT RATIONS ENTERED IN PART I REPRESENT THE ACTUAL COUNT AS REPORTED TO ME.

R. M. Sullivan

SIGNATURE R. M. SULLIVAN, CWO, USA, Pers. Adj.

W.D., A.G.O. FORM NO. 1 JULY 2, 1940

CHANGE WD COPY THRU HDU OR SCU

REPORT FOR DAY OF SERVICE