

COMPANY: **PROBATION**  
 MORNING REPORT: **SEP 1 1951**

NAME: **William H. 728 506 Blvd de Duquesne**  
 ADDRESS: **728 506 Blvd de Duquesne**

REPORT MADE BY: **Mr. Charles**

OFFICE OF PROBATION  
 2 407 438 - Alton, Indiana, Ind / Capt  
 1010 Co. (Unit) G. 100th Ave. (A) 100  
 1010 Co. (Unit) G. 100th Ave. (A) 100  
 1010 Co. (Unit) G. 100th Ave. (A) 100

| OFFENSE  | PLD | ASST | PLD | ASST | PLD | ASST | PLD | ASST | PLD | ASST |
|----------|-----|------|-----|------|-----|------|-----|------|-----|------|
| ARRESTED | 2   | 1    |     |      | 1   | 2    |     |      |     |      |
| FINED    |     |      | 1   |      |     |      |     |      |     |      |
| TOTAL    | 2   | 1    | 1   |      | 2   |      |     |      |     |      |

APPROVED: **72** DATE: **72**

COMPANY: **PROBATION**  
 MORNING REPORT: **SEP 1 1951**

NAME: **William H. 728 506 Blvd de Duquesne**  
 ADDRESS: **728 506 Blvd de Duquesne**

REPORT MADE BY: **Mr. Charles**

OFFICE OF PROBATION  
 2 407 438 - Alton, Indiana, Ind / Capt  
 1010 Co. (Unit) G. 100th Ave. (A) 100  
 1010 Co. (Unit) G. 100th Ave. (A) 100

Carrying a usual duties of maintenance and work at above location.

| OFFENSE  | PLD | ASST | PLD | ASST | PLD | ASST | PLD | ASST | PLD | ASST |
|----------|-----|------|-----|------|-----|------|-----|------|-----|------|
| ARRESTED | 2   | 1    |     |      | 1   | 2    |     |      |     |      |
| FINED    |     |      | 1   |      |     |      |     |      |     |      |
| TOTAL    | 2   | 1    | 1   |      | 2   |      |     |      |     |      |

APPROVED: **72** DATE: **72**

COMPANY: **PROBATION**  
 MORNING REPORT: **SEP 2 1951**

NAME: **William H. 728 506 Blvd de Duquesne**  
 ADDRESS: **728 506 Blvd de Duquesne**

REPORT MADE BY: **Mr. Charles**

OFFICE OF PROBATION  
 2 407 438 - Alton, Indiana, Ind / Capt  
 1010 Co. (Unit) G. 100th Ave. (A) 100  
 1010 Co. (Unit) G. 100th Ave. (A) 100

Performing usual duties of maintenance and supply. Weather mild; work excellent.

| OFFENSE  | PLD | ASST | PLD | ASST | PLD | ASST | PLD | ASST | PLD | ASST |
|----------|-----|------|-----|------|-----|------|-----|------|-----|------|
| ARRESTED | 2   | 1    |     |      | 1   | 2    |     |      |     |      |
| FINED    |     |      | 1   |      |     |      |     |      |     |      |
| TOTAL    | 2   | 1    | 1   |      | 2   |      |     |      |     |      |

APPROVED: **72** DATE: **72**

COMPANY: **PROBATION**  
 MORNING REPORT: **SEP 2 1951**

NAME: **William H. 728 506 Blvd de Duquesne**  
 ADDRESS: **728 506 Blvd de Duquesne**

REPORT MADE BY: **Mr. Charles**

OFFICE OF PROBATION  
 2 407 438 - Alton, Indiana, Ind / Capt  
 1010 Co. (Unit) G. 100th Ave. (A) 100  
 1010 Co. (Unit) G. 100th Ave. (A) 100

Performing usual duties of maintenance and supply. Weather mild; work excellent.

| OFFENSE  | PLD | ASST | PLD | ASST | PLD | ASST | PLD | ASST | PLD | ASST |
|----------|-----|------|-----|------|-----|------|-----|------|-----|------|
| ARRESTED | 2   | 1    |     |      | 1   | 2    |     |      |     |      |
| FINED    |     |      | 1   |      |     |      |     |      |     |      |
| TOTAL    | 2   | 1    | 1   |      | 2   |      |     |      |     |      |

APPROVED: **72** DATE: **72**

COMPANY REPORT  
 COMPANY: 1st Battalion, 5th Air Cavalry  
 DATE: 10/10/68  
 LOCATION: 1st Cavalry Division, APO SF 340  
 TITLE: 1st Lt. [Name]

RECORD OF EVENTS  
 1. [Event description]

| OFFICER | PLatoon | 1st Lt | 2nd Lt | 3rd Lt | 4th Lt | 5th Lt |
|---------|---------|--------|--------|--------|--------|--------|
| 1st Lt  | 1       | 1      | 1      | 1      | 1      | 1      |
| 2nd Lt  | 1       | 1      | 1      | 1      | 1      | 1      |
| 3rd Lt  | 1       | 1      | 1      | 1      | 1      | 1      |
| 4th Lt  | 1       | 1      | 1      | 1      | 1      | 1      |
| 5th Lt  | 1       | 1      | 1      | 1      | 1      | 1      |

REPORTING OFFICER: [Name]  
 DATE: 10/10/68  
 SIGNATURE: [Signature]

COMPANY REPORT  
 COMPANY: 1st Battalion, 5th Air Cavalry  
 DATE: 10/10/68  
 LOCATION: 1st Cavalry Division, APO SF 340  
 TITLE: 1st Lt. [Name]

RECORD OF EVENTS  
 1. [Event description]

| OFFICER | PLatoon | 1st Lt | 2nd Lt | 3rd Lt | 4th Lt | 5th Lt |
|---------|---------|--------|--------|--------|--------|--------|
| 1st Lt  | 1       | 1      | 1      | 1      | 1      | 1      |
| 2nd Lt  | 1       | 1      | 1      | 1      | 1      | 1      |
| 3rd Lt  | 1       | 1      | 1      | 1      | 1      | 1      |
| 4th Lt  | 1       | 1      | 1      | 1      | 1      | 1      |
| 5th Lt  | 1       | 1      | 1      | 1      | 1      | 1      |

REPORTING OFFICER: [Name]  
 DATE: 10/10/68  
 SIGNATURE: [Signature]

COMPANY REPORT  
 COMPANY: 1st Battalion, 5th Air Cavalry  
 DATE: 10/10/68  
 LOCATION: 1st Cavalry Division, APO SF 340  
 TITLE: 1st Lt. [Name]

RECORD OF EVENTS  
 1. [Event description]

| OFFICER | PLatoon | 1st Lt | 2nd Lt | 3rd Lt | 4th Lt | 5th Lt |
|---------|---------|--------|--------|--------|--------|--------|
| 1st Lt  | 1       | 1      | 1      | 1      | 1      | 1      |
| 2nd Lt  | 1       | 1      | 1      | 1      | 1      | 1      |
| 3rd Lt  | 1       | 1      | 1      | 1      | 1      | 1      |
| 4th Lt  | 1       | 1      | 1      | 1      | 1      | 1      |
| 5th Lt  | 1       | 1      | 1      | 1      | 1      | 1      |

REPORTING OFFICER: [Name]  
 DATE: 10/10/68  
 SIGNATURE: [Signature]

COMPANY REPORT  
 COMPANY: 1st Battalion, 5th Air Cavalry  
 DATE: 10/10/68  
 LOCATION: 1st Cavalry Division, APO SF 340  
 TITLE: 1st Lt. [Name]

RECORD OF EVENTS  
 1. [Event description]

| OFFICER | PLatoon | 1st Lt | 2nd Lt | 3rd Lt | 4th Lt | 5th Lt |
|---------|---------|--------|--------|--------|--------|--------|
| 1st Lt  | 1       | 1      | 1      | 1      | 1      | 1      |
| 2nd Lt  | 1       | 1      | 1      | 1      | 1      | 1      |
| 3rd Lt  | 1       | 1      | 1      | 1      | 1      | 1      |
| 4th Lt  | 1       | 1      | 1      | 1      | 1      | 1      |
| 5th Lt  | 1       | 1      | 1      | 1      | 1      | 1      |

REPORTING OFFICER: [Name]  
 DATE: 10/10/68  
 SIGNATURE: [Signature]





COMPANY MORNING REPORT

STATION: 1st Lt. [illegible]

REGIMENT: 1st [illegible]

NO. OF MEN: 10

RECORDS OF SICKNESS

Indicate special conditions of maintenance at specific times. No limited report given until #2 or other specified.

| OFFICER | PLT O & CAPT | 1ST LT | 2D LT | WO | PLT O |
|---------|--------------|--------|-------|----|-------|
| PRESENT | 2            | 1      | 1     | 2  | 1     |
| ABSENT  |              |        |       |    |       |
| TOTAL   | 2            | 1      | 1     | 2  | 1     |

| OFFICER | PLT O & CAPT | 1ST LT | 2D LT | WO | PLT O |
|---------|--------------|--------|-------|----|-------|
| PRESENT | 2            | 1      | 1     | 2  | 1     |
| ABSENT  |              |        |       |    |       |
| TOTAL   | 2            | 1      | 1     | 2  | 1     |

ESTIMATED NUMBER OF MEN REQUIRED FOR THIS REPORT: 10

MADE ATTENDANCE FOR DAY OF THIS REPORT: 10

CAUGHT UP: 10

REMARKS: 10

COMPANY MORNING REPORT

STATION: 1st Lt. [illegible]

REGIMENT: 1st [illegible]

NO. OF MEN: 10

RECORDS OF SICKNESS

Indicate special conditions of maintenance at specific times. No limited report given until #2 or other specified.

| OFFICER | PLT O & CAPT | 1ST LT | 2D LT | WO | PLT O |
|---------|--------------|--------|-------|----|-------|
| PRESENT | 2            | 1      | 1     | 2  | 1     |
| ABSENT  |              |        |       |    |       |
| TOTAL   | 2            | 1      | 1     | 2  | 1     |

| OFFICER | PLT O & CAPT | 1ST LT | 2D LT | WO | PLT O |
|---------|--------------|--------|-------|----|-------|
| PRESENT | 2            | 1      | 1     | 2  | 1     |
| ABSENT  |              |        |       |    |       |
| TOTAL   | 2            | 1      | 1     | 2  | 1     |

ESTIMATED NUMBER OF MEN REQUIRED FOR THIS REPORT: 10

MADE ATTENDANCE FOR DAY OF THIS REPORT: 10

CAUGHT UP: 10

REMARKS: 10

COMPANY MORNING REPORT

STATION: 1st Lt. [illegible]

REGIMENT: 1st [illegible]

NO. OF MEN: 10

RECORDS OF SICKNESS

Indicate special conditions of maintenance at specific times. No limited report given until #2 or other specified.

| OFFICER | PLT O & CAPT | 1ST LT | 2D LT | WO | PLT O |
|---------|--------------|--------|-------|----|-------|
| PRESENT | 2            | 1      | 1     | 2  | 1     |
| ABSENT  |              |        |       |    |       |
| TOTAL   | 2            | 1      | 1     | 2  | 1     |

| OFFICER | PLT O & CAPT | 1ST LT | 2D LT | WO | PLT O |
|---------|--------------|--------|-------|----|-------|
| PRESENT | 2            | 1      | 1     | 2  | 1     |
| ABSENT  |              |        |       |    |       |
| TOTAL   | 2            | 1      | 1     | 2  | 1     |

ESTIMATED NUMBER OF MEN REQUIRED FOR THIS REPORT: 10

MADE ATTENDANCE FOR DAY OF THIS REPORT: 10

CAUGHT UP: 10

REMARKS: 10

COMPANY MORNING REPORT

STATION: 1st Lt. [illegible]

REGIMENT: 1st [illegible]

NO. OF MEN: 10

RECORDS OF SICKNESS

Indicate special conditions of maintenance at specific times. No limited report given until #2 or other specified.

| OFFICER | PLT O & CAPT | 1ST LT | 2D LT | WO | PLT O |
|---------|--------------|--------|-------|----|-------|
| PRESENT | 2            | 1      | 1     | 2  | 1     |
| ABSENT  |              |        |       |    |       |
| TOTAL   | 2            | 1      | 1     | 2  | 1     |

| OFFICER | PLT O & CAPT | 1ST LT | 2D LT | WO | PLT O |
|---------|--------------|--------|-------|----|-------|
| PRESENT | 2            | 1      | 1     | 2  | 1     |
| ABSENT  |              |        |       |    |       |
| TOTAL   | 2            | 1      | 1     | 2  | 1     |

ESTIMATED NUMBER OF MEN REQUIRED FOR THIS REPORT: 10

MADE ATTENDANCE FOR DAY OF THIS REPORT: 10

CAUGHT UP: 10

REMARKS: 10





S A K O D A R K

COMPANY MORNING REPORT

Station: Washington of the 1st Regt. Inf. Div.  
Organization: 1st Regt. Inf. Div.

Serial Number: 1 Name: John P. Mottley Grade: Private  
No. Changes: None  
No. Months: None

Remarks: No. Months: None  
No. Months: None  
No. Months: None

| OFFICER | PLD'S DATA | NO. OF  | NO. OF | NO. OF  | NO. OF |
|---------|------------|---------|--------|---------|--------|
| PRESENT | ABST       | PRESENT | ABST   | PRESENT | ABST   |
| 2       | 1          | 3       | 2      |         |        |
| 2       | 1          | 3       | 2      |         |        |
| 2       | 1          | 3       | 2      |         |        |
| 2       | 1          | 3       | 2      |         |        |

| AWARD | DATE | REMARKS |
|-------|------|---------|
|       |      |         |
|       |      |         |
|       |      |         |

ESTIMATED NUMBER OF BATTALIONS RECEIVED FOR DATE OF WEEK: 1

REMARKS: None

PAGE 1 OF 1 PAGES

COMPANY MORNING REPORT

Station: Washington of the 1st Regt. Inf. Div.  
Organization: 1st Regt. Inf. Div.

Serial Number: 2 Name: John P. Mottley Grade: Private  
No. Changes: None  
No. Months: None

Remarks: No. Months: None  
No. Months: None  
No. Months: None

| OFFICER | PLD'S DATA | NO. OF  | NO. OF | NO. OF  | NO. OF |
|---------|------------|---------|--------|---------|--------|
| PRESENT | ABST       | PRESENT | ABST   | PRESENT | ABST   |
| 2       | 1          | 3       | 2      |         |        |
| 2       | 1          | 3       | 2      |         |        |
| 2       | 1          | 3       | 2      |         |        |
| 2       | 1          | 3       | 2      |         |        |

| AWARD | DATE | REMARKS |
|-------|------|---------|
|       |      |         |
|       |      |         |
|       |      |         |

ESTIMATED NUMBER OF BATTALIONS RECEIVED FOR DATE OF WEEK: 1

REMARKS: None

PAGE 1 OF 1 PAGES

COMPANY MORNING REPORT

Station: Washington of the 1st Regt. Inf. Div.  
Organization: 1st Regt. Inf. Div.

Serial Number: 3 Name: John P. Mottley Grade: Private  
No. Changes: None  
No. Months: None

Remarks: No. Months: None  
No. Months: None  
No. Months: None

| OFFICER | PLD'S DATA | NO. OF  | NO. OF | NO. OF  | NO. OF |
|---------|------------|---------|--------|---------|--------|
| PRESENT | ABST       | PRESENT | ABST   | PRESENT | ABST   |
| 2       | 1          | 3       | 2      |         |        |
| 2       | 1          | 3       | 2      |         |        |
| 2       | 1          | 3       | 2      |         |        |
| 2       | 1          | 3       | 2      |         |        |

| AWARD | DATE | REMARKS |
|-------|------|---------|
|       |      |         |
|       |      |         |
|       |      |         |

ESTIMATED NUMBER OF BATTALIONS RECEIVED FOR DATE OF WEEK: 1

REMARKS: None

PAGE 1 OF 1 PAGES

COMPANY MORNING REPORT

Station: Washington of the 1st Regt. Inf. Div.  
Organization: 1st Regt. Inf. Div.

Serial Number: 4 Name: John P. Mottley Grade: Private  
No. Changes: None  
No. Months: None

Remarks: No. Months: None  
No. Months: None  
No. Months: None

| OFFICER | PLD'S DATA | NO. OF  | NO. OF | NO. OF  | NO. OF |
|---------|------------|---------|--------|---------|--------|
| PRESENT | ABST       | PRESENT | ABST   | PRESENT | ABST   |
| 2       | 1          | 3       | 2      |         |        |
| 2       | 1          | 3       | 2      |         |        |
| 2       | 1          | 3       | 2      |         |        |
| 2       | 1          | 3       | 2      |         |        |

| AWARD | DATE | REMARKS |
|-------|------|---------|
|       |      |         |
|       |      |         |
|       |      |         |

ESTIMATED NUMBER OF BATTALIONS RECEIVED FOR DATE OF WEEK: 1

REMARKS: None

PAGE 1 OF 1 PAGES



**COMPANY**  
**MORNING REPORT**

NAME: Williamson W. T. Co. Wash. D. C.  
 ADDRESS: 217 1/2 St. N. Wash. D. C.

SERIAL NUMBER: 1 NAME: W. T. Co. GRADE: CO

IN CHARGE: W. T. Co.

RECORD OF EVENTS  
 No. 1 of 1 pages  
 To include absent, pass, sick, or other absent

| OFFICER                   | PLD & CAPT |        | 1ST LT   |        | 2ND LT   |        | SGT      |        | PLD      |        |
|---------------------------|------------|--------|----------|--------|----------|--------|----------|--------|----------|--------|
|                           | PRESENCE   | ABSENT | PRESENCE | ABSENT | PRESENCE | ABSENT | PRESENCE | ABSENT | PRESENCE | ABSENT |
| ATTACHED                  | 2          | 1      | 1        | 1      | 1        | 1      | 1        | 1      | 1        | 1      |
| ATTACHED TO OTHER UNIT    |            |        |          |        |          |        |          |        |          |        |
| ATTACHED TO OTHER COMPANY |            |        |          |        |          |        |          |        |          |        |
| TOTAL                     | 2          | 1      | 1        | 1      | 1        | 1      | 1        | 1      | 1        | 1      |

| OFFICER                   | PLD & CAPT |        | 1ST LT   |        | 2ND LT   |        | SGT      |        | PLD      |        |
|---------------------------|------------|--------|----------|--------|----------|--------|----------|--------|----------|--------|
|                           | PRESENCE   | ABSENT | PRESENCE | ABSENT | PRESENCE | ABSENT | PRESENCE | ABSENT | PRESENCE | ABSENT |
| ATTACHED                  | 2          | 1      | 1        | 1      | 1        | 1      | 1        | 1      | 1        | 1      |
| ATTACHED TO OTHER UNIT    |            |        |          |        |          |        |          |        |          |        |
| ATTACHED TO OTHER COMPANY |            |        |          |        |          |        |          |        |          |        |
| TOTAL                     | 2          | 1      | 1        | 1      | 1        | 1      | 1        | 1      | 1        | 1      |

ESTIMATED NUMBER OF BATHS REQUIRED FOR DAY OF THIS REPORT: 72

NAME OF OFFICER: Williamson W. T. Co.

DATE: 10/10/41

SIGNATURE: Williamson W. T. Co.

**COMPANY**  
**MORNING REPORT**

NAME: Williamson W. T. Co. Wash. D. C.  
 ADDRESS: 217 1/2 St. N. Wash. D. C.

SERIAL NUMBER: 1 NAME: W. T. Co. GRADE: CO

IN CHARGE: W. T. Co.

RECORD OF EVENTS  
 No. 1 of 1 pages  
 To include absent, pass, sick, or other absent

| OFFICER                   | PLD & CAPT |        | 1ST LT   |        | 2ND LT   |        | SGT      |        | PLD      |        |
|---------------------------|------------|--------|----------|--------|----------|--------|----------|--------|----------|--------|
|                           | PRESENCE   | ABSENT | PRESENCE | ABSENT | PRESENCE | ABSENT | PRESENCE | ABSENT | PRESENCE | ABSENT |
| ATTACHED                  | 2          | 1      | 1        | 1      | 1        | 1      | 1        | 1      | 1        | 1      |
| ATTACHED TO OTHER UNIT    |            |        |          |        |          |        |          |        |          |        |
| ATTACHED TO OTHER COMPANY |            |        |          |        |          |        |          |        |          |        |
| TOTAL                     | 2          | 1      | 1        | 1      | 1        | 1      | 1        | 1      | 1        | 1      |

| OFFICER                   | PLD & CAPT |        | 1ST LT   |        | 2ND LT   |        | SGT      |        | PLD      |        |
|---------------------------|------------|--------|----------|--------|----------|--------|----------|--------|----------|--------|
|                           | PRESENCE   | ABSENT | PRESENCE | ABSENT | PRESENCE | ABSENT | PRESENCE | ABSENT | PRESENCE | ABSENT |
| ATTACHED                  | 2          | 1      | 1        | 1      | 1        | 1      | 1        | 1      | 1        | 1      |
| ATTACHED TO OTHER UNIT    |            |        |          |        |          |        |          |        |          |        |
| ATTACHED TO OTHER COMPANY |            |        |          |        |          |        |          |        |          |        |
| TOTAL                     | 2          | 1      | 1        | 1      | 1        | 1      | 1        | 1      | 1        | 1      |

ESTIMATED NUMBER OF BATHS REQUIRED FOR DAY OF THIS REPORT: 72

NAME OF OFFICER: Williamson W. T. Co.

DATE: 10/10/41

SIGNATURE: Williamson W. T. Co.

**COMPANY**  
**MORNING REPORT**

NAME: Williamson W. T. Co. Wash. D. C.  
 ADDRESS: 217 1/2 St. N. Wash. D. C.

SERIAL NUMBER: 1 NAME: W. T. Co. GRADE: CO

IN CHARGE: W. T. Co.

RECORD OF EVENTS  
 No. 1 of 1 pages  
 To include absent, pass, sick, or other absent

| OFFICER                   | PLD & CAPT |        | 1ST LT   |        | 2ND LT   |        | SGT      |        | PLD      |        |
|---------------------------|------------|--------|----------|--------|----------|--------|----------|--------|----------|--------|
|                           | PRESENCE   | ABSENT | PRESENCE | ABSENT | PRESENCE | ABSENT | PRESENCE | ABSENT | PRESENCE | ABSENT |
| ATTACHED                  | 2          | 1      | 1        | 1      | 1        | 1      | 1        | 1      | 1        | 1      |
| ATTACHED TO OTHER UNIT    |            |        |          |        |          |        |          |        |          |        |
| ATTACHED TO OTHER COMPANY |            |        |          |        |          |        |          |        |          |        |
| TOTAL                     | 2          | 1      | 1        | 1      | 1        | 1      | 1        | 1      | 1        | 1      |

| OFFICER                   | PLD & CAPT |        | 1ST LT   |        | 2ND LT   |        | SGT      |        | PLD      |        |
|---------------------------|------------|--------|----------|--------|----------|--------|----------|--------|----------|--------|
|                           | PRESENCE   | ABSENT | PRESENCE | ABSENT | PRESENCE | ABSENT | PRESENCE | ABSENT | PRESENCE | ABSENT |
| ATTACHED                  | 2          | 1      | 1        | 1      | 1        | 1      | 1        | 1      | 1        | 1      |
| ATTACHED TO OTHER UNIT    |            |        |          |        |          |        |          |        |          |        |
| ATTACHED TO OTHER COMPANY |            |        |          |        |          |        |          |        |          |        |
| TOTAL                     | 2          | 1      | 1        | 1      | 1        | 1      | 1        | 1      | 1        | 1      |

ESTIMATED NUMBER OF BATHS REQUIRED FOR DAY OF THIS REPORT: 72

NAME OF OFFICER: Williamson W. T. Co.

DATE: 10/10/41

SIGNATURE: Williamson W. T. Co.

**COMPANY**  
**MORNING REPORT**

NAME: Williamson W. T. Co. Wash. D. C.  
 ADDRESS: 217 1/2 St. N. Wash. D. C.

SERIAL NUMBER: 1 NAME: W. T. Co. GRADE: CO

IN CHARGE: W. T. Co.

RECORD OF EVENTS  
 No. 1 of 1 pages  
 To include absent, pass, sick, or other absent

| OFFICER                   | PLD & CAPT |        | 1ST LT   |        | 2ND LT   |        | SGT      |        | PLD      |        |
|---------------------------|------------|--------|----------|--------|----------|--------|----------|--------|----------|--------|
|                           | PRESENCE   | ABSENT | PRESENCE | ABSENT | PRESENCE | ABSENT | PRESENCE | ABSENT | PRESENCE | ABSENT |
| ATTACHED                  | 2          | 1      | 1        | 1      | 1        | 1      | 1        | 1      | 1        | 1      |
| ATTACHED TO OTHER UNIT    |            |        |          |        |          |        |          |        |          |        |
| ATTACHED TO OTHER COMPANY |            |        |          |        |          |        |          |        |          |        |
| TOTAL                     | 2          | 1      | 1        | 1      | 1        | 1      | 1        | 1      | 1        | 1      |

| OFFICER                   | PLD & CAPT |        | 1ST LT   |        | 2ND LT   |        | SGT      |        | PLD      |        |
|---------------------------|------------|--------|----------|--------|----------|--------|----------|--------|----------|--------|
|                           | PRESENCE   | ABSENT | PRESENCE | ABSENT | PRESENCE | ABSENT | PRESENCE | ABSENT | PRESENCE | ABSENT |
| ATTACHED                  | 2          | 1      | 1        | 1      | 1        | 1      | 1        | 1      | 1        | 1      |
| ATTACHED TO OTHER UNIT    |            |        |          |        |          |        |          |        |          |        |
| ATTACHED TO OTHER COMPANY |            |        |          |        |          |        |          |        |          |        |
| TOTAL                     | 2          | 1      | 1        | 1      | 1        | 1      | 1        | 1      | 1        | 1      |

ESTIMATED NUMBER OF BATHS REQUIRED FOR DAY OF THIS REPORT: 72

NAME OF OFFICER: Williamson W. T. Co.

DATE: 10/10/41

SIGNATURE: Williamson W. T. Co.

