



HMIL – Hold Military – Military Deserter

Arrest Agency: Per Intake Form (J-15)
Date & Time of arrest: Per Intake Form (J-15)
Arrest Type: HMIL – Hold Military
Location of arrest: Per Intake Form (J-15)
Arresting Officer: Per Intake Form (J-15)
Document # The Originating Case Agency (**OCA**) number will be entered if listed. In cases where the Originating Case Agency (**OCA**) number is not listed, utilize either the Military Desertion Unit (**MDU**) number or Desertion Information Point (**DIP**) number.

****NOTES:** Military deserter and contact telephone number
Charge Code: N/A
Billing Agency: MDU – Military Deserter Unit



DESPORTS/ABSENTEE WANTED BY THE ARMED FORCES		1. DATE RECEIVED (YYYYMMDD) 20090601	REPORT CONTROL SYMBOL DD-P&R(SA)1454
2. TO Local, State or Federal law enforcement authority as indicated by Military Deserter Information Code SEE DISTRIBUTION		3. FROM (Description of activity and place from which absent. If unauthorized absence status in transit, list old and new unit in Remarks) HEADQUARTERS COMPANY 5TH MARINE REGIMENT BOX 53442 CAMP PENDLETON, CA 92055	
4. DISTRIBUTION SRB _____ PNO _____ CNC _____ PNOX _____ FILES _____ DMW 12-205 OLC _____ OLS <u>OUT</u> FBR <u>17414/TCS</u> PPC _____ MCC _____ RUC _____			
5. ABSENTEE IDENTIFICATION			
a. NAME (Last, First, Middle Initial) LAMBERD, KOSHUA, C.		b. GRADE/RATE E-1PVT	c. SEX M
6. RACE (If one or more) <input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE <input type="checkbox"/> ASIAN <input type="checkbox"/> BLACK OR AFRICAN AMERICAN <input checked="" type="checkbox"/> CAUCASIAN <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input checked="" type="checkbox"/> DESIGNED TO RESPOND			
7. PLACE OF BIRTH (City, State, Country) WELLSVILLE, KS		8. DATE OF BIRTH (YYYYMMDD) 10840328	
9. HEIGHT (inches) 10. WEIGHT (pounds) 68 180			
11. EYES (Color) 12. HAIR (Color) 13. COMPLEXION <input checked="" type="checkbox"/> BLACK <input type="checkbox"/> BROWN <input type="checkbox"/> BLUE <input type="checkbox"/> BROWN <input type="checkbox"/> BLACK <input checked="" type="checkbox"/> FAIR <input type="checkbox"/> GRAY <input type="checkbox"/> GRAY <input type="checkbox"/> RED <input type="checkbox"/> WHITE <input type="checkbox"/> BROWN <input type="checkbox"/> BROWN <input type="checkbox"/> RED <input type="checkbox"/> BLACK			
14. OF CONTROL NUMBER W 876684843		15. BRANCH OF SERVICE USMC	
16. SOCIAL SECURITY NO. 314-68-7799		17. CITIZENSHIP US	
18. MARITAL STATUS SINGLE		19. PRIMARY RESIDENCE ADDRESS (Include ZIP Code) 3D BATTALION, 5TH MARINE BRGS CAMP PENDLETON, CA 92055	
20. MILITARY OCCUPATION 0311 SQUADMAN		21. CREW/OCCUPATION	
22. CURRENT ENLISTMENT			
a. DATE (YYYYMMDD) 20090520		b. PLACE (City and State) WELLSVILLE, KS	
c. DATE (YYYYMMDD) 20090314		d. PLACE (City and State) WELLSVILLE, KS	
23. TIME OF ABSENCE		24. ADMINISTRATIVE DATE OF DESERTION (YYYYMMDD) 20090601	
a. DATE (YYYYMMDD) 20090101		b. HOUR 0730	
25. DISCHARGE OR SEPARATION REASON (If applicable) <input checked="" type="checkbox"/> YES (If "YES," specify reason) <input type="checkbox"/> NO			
26. DISCHARGE STATUS (If applicable) a. DISCHARGED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> b. SUSPENDED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
27. OPERATOR'S LICENSE			
a. NUMBER	b. STATE	c. EXP. DATE (YYYYMMDD)	d. TYPE
28. VEHICLE LICENSE			
a. PLATE NO.	b. STATE	c. EXP. DATE (YYYYMMDD)	d. TYPE
29. VEHICLE			
a. VEHICLE IDENTIFICATION NUMBER	b. YEAR	c. MAKE	d. MODEL
e. TYPE	f. COLOR		
30. RELATIVES AND/OR PERSONS KNOWN BY ABSENTEE (If none appear normal, continue in Remarks or on separate page, indicating presence or no past contact.)			
a. NAME (Last, First, Middle Initial)		b. ADDRESS (Include ZIP Code)	
01) LAMBERD, CLAYTON B.		2530 W 199TH ST SPRING HILL, KS 66083	
02) LAMBERD, KENAE L.		213 OAK ST WELLSVILLE, KS 66093	
03)			
04)			
05)			

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 08/10 PAGE 01/02 INITIAL POINT **SD** **KS** **08/24/2018 17:15**



17. CERTIFICATION (See Notes)
 The undersigned states: That he/she is a commissioned officer of the United States MARINE CORPS (Military Department), presently assigned as the Commanding Officer, HQCO, 5THMAR REGIMENT (Unit from which the alleged deserter absented himself or herself), and in the performance of official duties imposed by Department of Defense Directive 1325.2 and MCO 5800.1G (Regulations of the Service concerned which implement DOD Directive 1325.2, u.s. Army Regulations 190-9 and 630-10), he/she has conducted an investigation into the status of PVT JOSHUA C. LAMBERD (Name and rank of alleged deserter), a member of the United States Armed Forces serving on active duty with 3DBN, 5THMAR (Unit and Service from which the alleged deserter absented himself or herself), by questioning his/her unit cohorts; by examining and verifying the field service records of said service member which reflect his/hor duty status; by requesting the member's next of kin to urge his/her voluntary return to military control if they are aware of his/her whereabouts; by inquiring to the fullest extent possible into the feasibility of other explanations for the member's absence, to include sickness, injury, hospitalization, and confinement by civil law enforcement officials; and officially ordered diversion from his/her unit of assignment by querying the member's losing unit (and en route temporary duty unit), the appropriate career management division, the servicing replacement organization, and the servicing Military Personnel and Transportation Assistance Office (and (See Note 1) N/A).

That based on the aforesaid investigation, the undersigned has personal knowledge that, on or about 20090501 (Date - YYYYMMDD), PVT JOSHUA C. LAMBERD (Name and rank of alleged deserter), did, without authority and with intent to remain away therefrom permanently, absent himself/herself from his/her unit/organization/place of duty, to wit: (See item 3 above) located at (See item 3) in violation of Section 895, Title 18, United States Code and he/she has remained continuously so absent until 20090601 (Date this statement is executed - YYYYMMDD). I state under penalty of perjury (under the laws of the United States of America (See Note 2) that the foregoing is true and correct. Executed on 20090601 (Date - YYYYMMDD).

NOTES:

1. For use only when a servicemember fails to report to a gaining unit of assignment during a permanent change of station.
2. For use only when statement is executed outside the United States, its territories, possessions and commonwealths.

18. COMMANDING OFFICER

a. TYPED NAME (Last, First, Middle Initial)	b. RANK	c. TITLE
ROBERTS, ANTHONY M/	O-4/MAJ	REGIMENTAL ADJUTANT
d. ORGANIZATION AND INSTALLATION	e. SIGNATURE (All copies)	f. DATE SIGNED (YYYYMMDD)
HEADQUARTERS COMPANY, 5TH MARINES CAMP PENDLETON, CA 92055	<i>A.M. Roberts</i>	20090601

19. REMARKS (List peculiar habits and traits of character; unusual mannerisms and speech; peculiarities in appearance; clothing worn; aliases (names); marks and scars; tattoos; facial characteristics; complexion, posture; build, other SSN's used by individual; or other data that may assist in identification.