

<b>DESERTER/ABSENTEE WANTED BY THE ARMED FORCES</b>			<b>1. DATE PREPARED (YYYYMMDD)</b>		<b>REPORT CONTROL SYMBOL</b> DD-P&R(SA)1454	
<b>2. TO (Local, State or Federal law enforcement authority as indicated by Military Deserter Information Point)</b>			<b>3. FROM (Organization or activity and place from which absent. If unauthorized absence occurs in transit, list old and new unit in Remarks)</b>			<b>4. DISTRIBUTION</b>
<b>5. ABSENTEE IDENTIFICATION</b>						
a. NAME (Last, First, Middle Initial)			b. GRADE/RANK/RATE		c. SEX	
d. RACE (X one or more)			e. ETHNICITY (X one)			
<input type="checkbox"/> AMERICAN INDIAN/ALASKA NATIVE	<input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER		<input type="checkbox"/> HISPANIC OR LATINO			
<input type="checkbox"/> ASIAN	<input type="checkbox"/> WHITE		<input type="checkbox"/> NOT HISPANIC OR LATINO			
<input type="checkbox"/> BLACK OR AFRICAN AMERICAN	<input type="checkbox"/> DECLINE TO RESPOND		<input type="checkbox"/> DECLINE TO RESPOND			
f. PLACE OF BIRTH (City, State, Country)		g. DATE OF BIRTH (YYYYMMDD)		h. HEIGHT	i. WEIGHT	
j. EYE COLOR (X one)			k. HAIR COLOR (X one)			
<input type="checkbox"/> BLACK	<input type="checkbox"/> GREEN	<input type="checkbox"/> VIOLET	<input type="checkbox"/> AUBURN	<input type="checkbox"/> BROWN	<input type="checkbox"/> SILVER	
<input type="checkbox"/> BLUE	<input type="checkbox"/> GRAY		<input type="checkbox"/> BLACK	<input type="checkbox"/> GRAY	<input type="checkbox"/> WHITE	
<input type="checkbox"/> BROWN	<input type="checkbox"/> HAZEL		<input type="checkbox"/> BLOND	<input type="checkbox"/> RED	<input type="checkbox"/> BALD	
l. DIP CONTROL NUMBER		m. BRANCH OF SERVICE	n. SOCIAL SECURITY NO.		o. CITIZENSHIP	p. MARITAL STATUS
q. MILITARY OCCUPATION			s. PERMANENT RESIDENCE ADDRESS (Include ZIP Code)			
r. CIVILIAN OCCUPATION						
<b>6. CURRENT ENLISTMENT</b>			<b>7. ENTRY INTO CURRENT PERIOD OF SERVICE</b>			<b>8. ATTACH PHOTOGRAPH</b> (If available)
a. DATE (YYYYMMDD)	b. PLACE (City and State)		a. DATE (YYYYMMDD)	b. PLACE (City and State)		
<b>9. TIME OF ABSENCE</b>			<b>10. ADMINISTRATIVE DATE OF DESERTION (YYYYMMDD)</b>			
a. DATE (YYYYMMDD)		b. HOUR				
<b>11. ESCAPED OR SENTENCED PRISONER (X as applicable)</b>			<b>12. DISCHARGE STATUS (X as applicable)</b>			
<input type="checkbox"/> YES	IF "YES," SPECIFY CHARGE		a. DISCHARGED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<input type="checkbox"/> NO			b. SUSPENDED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>13. OPERATOR'S LICENSE</b>			<b>14. VEHICLE LICENSE</b>			
a. NUMBER	b. STATE	c. EXP. DATE (YYYYMMDD)	a. PLATE NO.	b. STATE	c. EXP. DATE (YYYYMMDD)	d. TYPE
<b>15. VEHICLE</b>						
a. VEHICLE IDENTIFICATION NUMBER		b. YEAR	c. MAKE	d. MODEL		e. STYLE
						f. COLOR
<b>16. RELATIVES AND/OR PERSONS KNOWN BY ABSENTEE (If more space is needed, continue in Remarks or on a separate page, making reference to this item number.)</b>						
a. NAME (Last, First, Middle Initial)			b. ADDRESS (Include ZIP Code)			
(1)						
(2)						
(3)						
(4)						
(5)						

**17. CERTIFICATION** *(See Notes)*

The undersigned states: That he/she is a commissioned officer of the United States \_\_\_\_\_ *(Military Department)*, presently assigned as the Commanding Officer, \_\_\_\_\_ *(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 \_\_\_\_\_ *(Regulations of the Service concerned which implement DOD Directive 1325.2, e.g. Army Regulations 190-9 and 630-10)*, he/she has conducted an investigation into the status of \_\_\_\_\_ *(Name and rank of alleged deserter)*, a member of the United States Armed Forces serving on active duty with \_\_\_\_\_ *(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/her 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)* \_\_\_\_\_ ).

That based on the aforesaid investigation, the undersigned has personal knowledge that, on or about \_\_\_\_\_ *(Date - YYYYMMDD)*, \_\_\_\_\_ *(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 885, Title 10, United States Code and he/she has remained continuously so absent until \_\_\_\_\_ *(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 \_\_\_\_\_ *(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 <i>(Last, First, Middle Initial)</i>	b. RANK	c. TITLE
d. ORGANIZATION AND INSTALLATION	e. SIGNATURE <i>(All copies)</i>	f. DATE SIGNED <i>(YYYYMMDD)</i>

**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.)*

## INFORMATION

### 1. AUTHORITY TO APPREHEND.

a. Any civil officer having the authority to apprehend offenders under the laws of the United States, or of a State, territory, commonwealth, possession, or the District of Columbia may summarily apprehend deserters from the Armed Forces of the United States and deliver them into custody of military officials. Receipt of this form and a corresponding entry in the FBI's NCIC Wanted Person File, or oral notification from military officials or Federal law enforcement officials that the person has been declared a deserter and that his/her return to military control is desired, is authority for apprehension.

b. Civil authorities may apprehend absentees (AWOL's) when requested to do so by military authorities.

### 2. PAYMENT OF REWARD OR REIMBURSEMENT FOR EXPENSES.

a. Rewards. Receipt of this form, or oral or written notification from military authorities or Federal law enforcement officials, prior to apprehension of the individual, that the person is an absentee and that his/her return to military control is desired will be considered as an offer of reward. Persons or agency representatives (except salaried officers or employees of the Federal Government or servicemembers) apprehending or delivering absentees to military control are authorized:

(1) Payment for apprehension and detention of absentees until military authorities assume custody; or

(2) Payment for apprehension and delivery of absentees to a military installation.

b. Reimbursement for Expenses. Reimbursement may be made for actual expenses incurred when conditions for payment of a reward cannot be met. If two or more persons perform these services, payment will be made jointly or severally, but total payment to all may not exceed prescribed limitations.

c. Payment. Payment will be made to the person or agency representative actually making arrest and detention or delivery by the disbursing officer servicing the military facility to which the absentee is delivered and will be in full satisfaction of all expenses of

apprehending, keeping and delivering the absentee. Payment may be made whether the absentee surrenders or is apprehended. Payment will not be made for information leading to apprehension, nor for apprehension not followed by return to military control. Both reward and reimbursement may not be paid for the same apprehension and detention or delivery.

### 3. INDIVIDUAL CLAIMS HE/SHE IS NOT ABSENT WITHOUT AUTHORITY.

When a detained individual claims that he/she is not absent without leave and does not have the papers to prove his/her claim, the apprehending person or agency representative should communicate directly by the most rapid means available, with the nearest military installation manned by active duty personnel. When necessary, communicate directly (telephone or telegraph) with the Deserter Information Point of the military service concerned.

**a. US Army:** U.S Army Deserter Information Point  
ATTN: ATZK-PMF-D  
1481 Old Ironsides Avenue  
Fort Knox, KY 40121

**Telephone:** Area Code (502) 626-3711/  
3712/3713

**b. US Navy:** Navy Absentee Collection and  
Information Center (NACIC)  
2834 Greenbay Road  
North Chicago, IL 60064

**Telephone collect:** Area Code (847) 688-2106  
(or toll free: 1-800-423-7633)

**c. US Marine Corps:** Commandant, US Marine Corps  
Code POS-40  
2 Navy Annex  
Washington, DC 20380-1775

**Telephone collect:** Area Code (703) 614-3248/3376

**d. US Air Force:** Headquarters AF Personnel Center  
(DPWCM)  
550 C Street West, Suite 14  
Randolph AFB, TX 78150-4716

**Telephone collect:** Area Code (210) 566-3752  
(or toll free: 1-800-531-5501)