

SWORN STATEMENT

For use of this form, see AR 190-45, the proponent agency is PMG.

0179-09-CID122

PRIVACY ACT STATEMENT

AUTHORITY: Title 10, USC Section 301; Title 5, USC Section 2951 E.O. 9397 Social Security Number (SSN).
PRINCIPAL PURPOSE: To document potential criminal activity involving the U.S. Army, and to allow Army officials to maintain discipline, law and order through investigation of complaints and incidents.
ROUTINE USES: Information provided may be further disclosed to federal, state, local, and foreign government law enforcement agencies, prosecutors, courts, child protective services, victims, witnesses, the Department of Veterans Affairs, and the Office of Personnel Management.
DISCLOSURE: Disclosure of your SSN and other information is voluntary.

1. LOCATION: Ft Belvoir CID Office
2. DATE: 2009/10/22
3. TIME: 1050
4. FILE NUMBER:
5. LAST NAME, FIRST NAME, MIDDLE NAME: COOPER II, Daniel Bruce
6. SSN: 595-78-4178
7. GRADE/STATUS: E-2/AD
8. ORGANIZATION OR ADDRESS: 247 Sheridan Avn. Fort Myer, Va 22211

9. Daniel B. COOPER II, WANT TO MAKE THE FOLLOWING STATEMENT UNDER OATH:

On 15 Sep 09, I bought one gram of Cocaine from PFC Joshua WILL for 60 dollars. I did about .75 grams on the night of 15 Sep 09. The next morning, 16 Sep 09, my NCOs were asking me what my room number was. At that point I went to my room and used the rest of the Cocaine I had. Shortly after, my room was searched by the MPs and K9. After that, my unit directed me to provide a urine sample. And it came back this past week positive for Cocaine. I have used Cocaine twice before since I have been in the Army. Both prior times I was with WILL when I used. I have not done any other Controlled Substances since I have been in the Army.

Q: VANDELUECHT
A: COOPER

Q: Do you have anything else you would like to add to this statement?
A: No. END OF STATEMENT

10. EXHIBIT
11. INITIALS OF PERSON MAKING STATEMENT: DBCA
PAGE 1 OF 2 PAGES

ADDITIONAL PAGES MUST CONTAIN THE HEADING "STATEMENT OF ... TAKEN AT ... DATED ...
THE BOTTOM OF EACH ADDITIONAL PAGE MUST BEAR THE INITIALS OF THE PERSON MAKING THE STATEMENT, AND PAGE NUMBER MUST BE INDICATED.

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LAW ENFORCEMENT SENSITIVE

3

STATEMENT OF COOPER

TAKEN AT 1050 DPOA

DATED 2009/10/22

DPOA

9. STATEMENT (Continued)

AFFIDAVIT

I, Daniel COOPER II, HAVE READ OR HAVE HAD READ TO ME THIS STATEMENT WHICH BEGINS ON PAGE 1, AND ENDS ON PAGE 2. I FULLY UNDERSTAND THE CONTENTS OF THE ENTIRE STATEMENT MADE BY ME. THE STATEMENT IS TRUE. I HAVE INITIALED ALL CORRECTIONS AND HAVE INITIALED THE BOTTOM OF EACH PAGE CONTAINING THE STATEMENT. I HAVE MADE THIS STATEMENT FREELY WITHOUT HOPE OF BENEFIT OR REWARD, WITHOUT THREAT OF PUNISHMENT, AND WITHOUT COERCION, UNLAWFUL INFLUENCE, OR UNLAWFUL INDUCEMENT.

Daniel Cooper II
(Signature of Person Making Statement)

WITNESSES:

Subscribed and sworn to before me, a person authorized by law to administer oaths, this 22nd day of October, 2009 at Ft Belvoir CID Office

[Signature]
(Signature of Person Administering Oath)

ORGANIZATION OR ADDRESS

INV Leland F. VANDELOECHT

(Typed Name of Person Administering Oath)

ORGANIZATION OR ADDRESS

10 USC 936

(Authority To Administer Oaths)

INITIALS OF PERSON MAKING STATEMENT

PAGE 2 OF 2 PAGES

RIGHT WARNING PROCEDURE/WAIVER CERTIFICATE

For use of this form, see AR 196-30; the proponent agency is ODCSOPF

0179-09-CID 122

DATA REQUIRED BY THE PRIVACY ACT

AUTHORITY: Title 10, United States Code, Section 3012(g)
PRINCIPAL PURPOSE: To provide commanders and law enforcement officials with means by which information may be accurately identified.
ROUTINE USES: Your Social Security Number is used as an additional/alternate means of identification to facilitate filing and retrieval.
DISCLOSURE: Disclosure of your Social Security Number is voluntary.

1. LOCATION Ft Belvoir, VA CID office	2. DATE 22 Oct 09	3. TIME 1000	4. FILE NO.
5. NAME (Last, First, MI) Cooper, Daniel Bruce	6. ORGANIZATION OR ADDRESS D Co, 1/3 Inf (TO6)		
6. SSN 595-78-4178	7. GRADE/STATUS AD E-2 / PV3		
8. ADDRESS Ft Myer, VA 22211			

PART I - RIGHTS WAIVER/NON-WAIVER CERTIFICATE

Section A. Rights

The investigator whose name appears below told me that he/she is with the United States Army CEDC and wanted to question me about the following offense(s) of which I am suspected/accused: Use and Possession of a Controlled Substance (Cocaine)
 Before he/she asked me any questions about the offense(s), however, he/she made it clear to me that I have the following rights:

- I do not have to answer any question or say anything. DBC II
- Anything I say or do can be used as evidence against me in a criminal trial. DBC II
- (For personnel subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. This lawyer can be a civilian lawyer I arrange for at no expense to the Government or a military lawyer detailed for me at no expense to me, or both. DBC II

- or -

(For civilians not subject to the UCMJ) I have the right to talk privately to a lawyer before, during, and after questioning and to have a lawyer present with me during questioning. I understand that this lawyer can be one that I arrange for at my own expense, or if I cannot afford a lawyer and want one, a lawyer will be appointed for me before any questioning begins.

- If I am now willing to discuss the offense(s) under investigation, with or without a lawyer present, I have a right to stop answering questions at any time, or speak privately with a lawyer before answering further, even if I sign the waiver below. DBC II

5. COMMENTS (Continue on reverse side)

Have you been advised of your rights in the past 30 days? No DBC II

Section B. Waiver

I understand my rights as stated above. I am now willing to discuss the offense(s) under investigation and make a statement without talking to a lawyer first and without having a lawyer present with me.

WITNESSES (If available)		3. SIGNATURE OF INTERVIEWEE
1a. NAME (Type or Print)		<u>[Signature]</u>
b. ORGANIZATION OR ADDRESS AND PHONE		4. SIGNATURE OF INVESTIGATOR
		<u>[Signature]</u>
2a. NAME (Type or Print)		5. TYPED NAME OF INVESTIGATOR
		<u>Reiland F. Vandelooyt</u>
b. ORGANIZATION OR ADDRESS AND PHONE		6. ORGANIZATION OF INVESTIGATOR

Section C. Non-waiver

- I do not want to give up my rights
 I want a lawyer I do not want to be questioned or say anything

2. SIGNATURE OF INTERVIEWEE

ATTACH THIS WAIVER CERTIFICATE TO ANY SWORN STATEMENT (DA FORM 2823) SUBSEQUENTLY EXECUTED BY THE SUSPECT/ACCUSED