follows the dictates of his own poorly controlled defensive and compensatory imperatives. At this point it is believed that his difficolty with alcohol is based in efforts to cope with anxiety, frustration and the like through self-indolgent, dependent pursuits.

IMPRESSIONS:
The general impression rendered by this nineteen year old single trnek driver with above-average ability appears most similar to that of tho passive-aggressive personality with antisocial featuren.

ch
12-17-80

Richard C. Sowles, Ph.D., Director
Department of Psychological Services

19929 COOK DANIEL W M V
12/1/80 7/27/61 LDS

Wyoming State Hospital
PSYCHOLOGICAL EVALUATION CONTINUATION SHEET

EXHIBIT 24

ENLISTMENT/REENLISTMENT DOCUMENT — ARMED FORCES OF THE UNITED STATES

A. IDENTIFICATION DATA

1. NAME (Last - First - Middle - Jr - Sr - etc.)	2. SSAN	3. DATE OF ENL/REENL	4. GRADE
Cook Daniel Waine	570-21-1645	12 December 1979	PVT E-1

5. HOME OF RECORD (City, State, ZIP Code)	6. PLACE OF ENLISTMENT/REENLISTMENT
Salmon, Idaho 83467	AFEES, Boise, Idaho

7. DATE OF BIRTH	8. SELECTIVE SERVICE NO.	9. PREV MIL SVC UPON ENL/REENL	YEARS	MONTHS	DAYS
23 July 1961	[X] NOT REGISTERED	a. Total Active Military Service	00	00	00
		b. Total Inactive Military Service	00	00	00

B. AGREEMENTS

10. I am enlisting/reenlisting in the United States Army Reserve on 12 December, 1979 for 6 years in pay grade E-1. The additional details of my enlistment/reenlistment are in Section C and Annex(es) A.

a. *FOR ENLISTMENT IN A DELAYED ENTRY/ENLISTMENT PROGRAM (DEP) (Not applicable to the Army or Air National Guard):* I understand that I will, within 27 days, be ordered to active duty as a Reservist for 3 years unless I enlist in the Regular Component of the United States Army for not less than 3 years. My enlistment in the DEP is in a non-pay status. I must maintain my current qualifications and keep my recruiter informed of any changes in my physical or dependency status, moral qualifications, or mailing address. I UNDERSTAND THAT MY PAY DATE BEGINS UPON ENLISTMENT IN THE DELAYED ENTRY PROGRAM WITH ACTUAL PAYMENT BEGINNING AFTER

b. Remarks: *(If "None" so state)* ENLISTMENT ON ACTIVE DUTY. I ALSO UNDERSTAND THAT UPON MY ENLISTMENT ON ACTIVE DUTY MY COMBINED PERIOD OF ACTIVE DUTY AND SUBSEQUENT RESERVE COMPONENT SERVICE WILL EQUAL SIX YEARS. AR 601-210, TABLE N-28, US ARMY 18 MONTH EUROPEAN ENLISTMENT OPTION; MOS: 95B10

c. The agreements in this section and the attached annex(es) are all the promises made to me by the Government. ANYTHING ELSE ANYONE HAS PROMISED ME IS NOT VALID AND WILL NOT BE HONORED. D.W.C.
(Initials of Enlistee/Reenlistee)

C. PARTIAL STATEMENT OF EXISTING UNITED STATES LAWS

11. *FOR ALL ENLISTEES OR REENLISTEES:* Many laws, regulations, and military customs will govern my conduct and require me to do many things a civilian does not have to do. The following statements are not promises or guarantees of any kind. They explain some of the present laws affecting the Armed Forces which I cannot change but which Congress can change at any time.

a. My enlistment is more than an employment agreement. As a member of the Armed Forces of the United States, I will be:

(1) Required to obey all lawful orders and perform all assigned duties.

(2) Subject to separation during or at the end of my enlistment. If my behavior fails to meet acceptable military standards, I may be discharged and given a certificate for less than honorable service, which may hurt my future job opportunities and my claim for veteran's benefits.

(3) Subject to the military justice system, which means, among other things, that I may be tried by military courts-martial.

TOP COUNSELING

(TRADOC Suppl 1 to AR 635-200)

DATA REQUIRED BY THE PRIVACY ACT OF 1974

1. AUTHORITY: 5 USC 301 10 USC 3012(G)

2. PRINCIPAL PURPOSE: To record counseling data pertaining to service mombets.

3. ROUTINE USES: Prorequisite counseling under the Trainee Discharge Program.

4. Disclosure is Voluntary. Refusal to futnish data will not initiate adverse personnel action.

1. LAST NAME - FIRST - MI	2. SSN	3. UNIT
COOK, Daniel W.	570-21-1645	Co C, 11th MP Bn

4. CIRCUMSTANCES WHICH LED TO THIS COUNSELING SESSION. (Include dates of initial observations on performance, attitudes, etc., of trainee).

SM has been a motivational problem since ho arrived in the unit. SM counseled several times for failure to repair (late for formation). SM received an Article 15 for leaving the CO Area, and going to the PIZZA HUT to coneume alcoholic beverage. SM is now pending charges for an unsuccessful suicide attempt he made on 24 Feb 80.

5. DATE AND SUMMARY OF COUNSELING AND RECOMMENDATIONS

PVT Cook has displayed a total lack of motivation and a immature attitude not conductive to continue activa service. SM's motivational problems will prevent him from ever becoming an effective responsible soldier. SM has received several counseling statements for failure to prepare, missing accountability formation twice and PT. SM also received an Art 15 for leaving the Co Area and going to the Pizza Hut without permission. On 24 Feb, SM made an unsuccessful attempted suicide. SM, in my opinion, is immature, and unwilling to endure any type of hardship. It is evident that he has no intention of ever becoming a Soldier. I have no doubt that he would attempt another suicide, if he does not obtain a discharge. Since he is creating a distinct motivational and morale problem within my platoon I strongly recommend his immediate release under the Trainee Discharge Program.

6. NAME, GRADE, AND TITLE OF PERSON DOING COUNSELING

SIGNATURE Walter L. East

WALTER L. EAST, SFC

7. DATE FORM COMPLETED 27 Feb 80

TRADOC FORM Aug 78 871-R Previous editions are obsolete.

ATZN-AGM-AA COOK, Daniel W., PV1 5th Ind
570-21-1645 (3 Mar 80)
SUBJECT: Proposed Separation Action UP Trainee Discharge Program (TDP)

HQ, US Army Military Police and Chemical Schools/Training Center and Fort McClellan, Fort McClellan, Alabama 36205 14 MAR 1980

TO: Commander, Training Brigade, US Army Military Police and Chemical Schools/Training Center and Fort McClellan, Fort McClellan, Alabama 36205

1. The separation of PV1 Daniel W. Cook, 570-21-1645, of Co C 11th MP Bn Tng Bde, is approved.

2. SM will be discharged under the provisions of para 5-33f(2), AR 635-200, and furnished an Honorable Discharge Certificate.

3 Incl
nc

Mary E. Clarke
MARY E. CLARKE
Major General, USA
Commanding

DEPARTMENT OF THE ARMY
Company C, 11th Military Police Battalion OST(1), US Army Training Brigade, United States Army Military Police and Chemical Schools/Training Center and Port McClellan
Port McClellan, Alabama 36205

ATZN-TBE-C

3 MAR 1980

SUBJECT: Proposed Separation Action UP Trainee Discharge Program (TDP)

PV1 Daniel W. Cook
570-21-1645
Co C, 11th MP Bn OST(1)
Tng Bde, USAMP&CS/TC&FM
Ft McClellan, Al 36205

1. Under the provisions of paragraph 5-33, AR 635-200 (Trainee Discharge Program), I am initiating action to (~~release you from active duty for transfer to the Individual Ready Reserve~~) (discharge you from the United States Army).

2. The specific reasons for my proposed action are: Your inability to adjust to the stress of military life, as evidenced by your recent self-inflicted injury.

3. The final decision in your case rests with the separation authority. If your separation is approved, your service will be characterized as honorable. However, if you do not have sufficient prior military service, you should understand that due to noncompletion of requisite active duty time, VA and other benefits normally associated with completion of honorable active duty service will be affected. Furthermore, you will not be permitted to reenlist in the United Stated Army within 2 years from the date of your separation.

4. You have the right to present any rebuttal or statements in your behalf to the separation authority or you may waive these rights. You also have the right to request a separation physical if you feel your physical status has changed since your last examination. When your statement not to have a separation medical examination is forwarded by the unit commander, it may be withdrawn only with consent of the separation approval authority.

5. Complete the attached acknowledgement and return it immediately.

Kristi J. Kennelly
KRISTI J. KENNELLY
1LT, QM
Commanding

Ft McCl FL 98
(Rev 20 Sep 79) Previous edition obsolete.

EXHIBIT 25

B. Anthony Dvorak, M.D., F.A.C.S. Neuro-Psychiatry
2202 Stockton Hill Road, Suite A Kingman, Arizona 86401 (602)753-5066

February 13, 1988

Claude D. Keller, Attorney at Law
212 North 4th Street, Suite 7
Kingman, Arizona 86401

re: Daniel Cook, D.O.B. 7-23-61

Dear Mr. Keller:

Thankyou for referring Daniel Cook for neurological evaluation. He underwent a three hour examination including review of all the records you kindly sent me, plus records of four hospitalizations which I obtained from Kingman Regional Hospital.

Included in the MOTION FOR ADDITIONAL EXPERT ASSISTANCE the statement is made "That counsel has become aware of the fact that the defendants head hac been run over by a vehicle and that subsequently he has been the victim of epileptic seizure attacks." Mr. Cook insiste that he was hospitalized for 6 days in Kingman Regional Hospital after a car wheel ran over his head and was unconscious for 9 hours. However, review of all of Mr. Cook's hospital admissions reveal:

1. 9-4-83 Suicidal gesture, schizophrenia, and alcohol abuse.

2. 8-8-84 Suicidal gesture, excessive alcohol use, and passive aggressive personality.

3. 11-18-84 Acute psychosis and excessive alcohol ingestion.

4. 11-21-84 Alcohol overdose, rule out head injury, oral facial injury with dental involvement. During this admission the patient was stuporous and had bruises about the face and chin with two loose front teeth. Some râles were heard in both lung fields mostly from oral pharynx secretion. Dur ing the hospitalization of 48 hours he was given Librium to avoid delirium tremens and was fully alert and oriented. After a consultation with Dr. Maruice B. Ruland, Psychiatrist, he was discharged home with suggestion to continue follow up with Dr. Ruland and contact a dentist. X-rays of the cervical spine and chest were normal but no skull x-rays were reported.

Fellow American College of Surgeons
DIPLOMATS AMERICAN BOARD OF NEUROSURGERY

B. Anthony Dvorak, M.D., F.A.C.S. Neuro-Psychiatry

2202 Stockton Hill Road. Suite A Kingman, Arizona 86401 (602)753-5666

(Daniel Cook continued)

Regarding hia past history of head injuries, Mr, Cook states he was hospitalized in California at age 12 with a sinus infection after landing on his forehead with possible loss of consciousness. He states he was also hit in bar fights approximately twioe per year in 1982, 1983, 1984, 1985 and 1986.

Mr. Cook claims that the 6 day hospitalization after a oar tire rolled over his head occurred in 1983 and that he was unconscious for 9 hours "While friends were waiting for me to wake up. I was admitted the day before Thanksgiving but didn't awake until Thanksgiving day but didn't recognize friends until the day after Thanksgiving and I was discharged 5 days later." When confronted with the fact that no hospitul records exist to corroborate his allegation, he claims "The reoords have been transferred."

He claims his first headaches began at age 14 "When I was under a lot of pressure going through family change. I was unstable at that time. They oocurred two or three times a year all through three years of highschool and they were mainly in the back of my head." He denies problems with vision, motor function, sensation, coordination or any other neurologic functions until age 17 when "I had problems with my vision and lose part of my vision in both eyes. I had tunnel visiona with wavey lines that block what I can't see on each side with nausea. Usually I lie down and it goes away in a few hours." He states there has been no change in the frequency (5 or 6 per year) or intensity or accompanying neurologio symptoms. He states " I've had a few seizures in 1984, 1985, and 1986; I blackout and I tremble." However, he denies tongue biting and has lost his urine only once. He continues "In May of 1986 I saw an AOCHS doctor and he put me on Dilantin, 100 milligrams per day for one year." However, he states that no EEG or CAT Scan was ever ordered.

He discontinued the Dilantin in November of 1987 "Because I couldn't afford it." However, he states that the prescriptions oost only a dollar per hundred capsules. He states that he has not had a headache since Maroh of 1987, but had about 6 episodes of tunnel vision with nausea. He said "I had three in two months hnd the last one was October of 1987 in jail; it lasted for two hours, I layed down and I foil asleep and when I woke up it was gone." He has not consulted a physician since the above mentioned ACCHS examination in May of 1986 when he was treated with Dilantin.

NEUROLOGICAL EXAMINATION revealed blood pressure 120/80, pulse 84. There were no bruits about the head, eyes or neck. The patient is a slender white male weighing 144 lbs. at 5 feet 11 inches in height.

3. Anthony Dvorak, M.D., F.A.C.S. Neuro-Psychiatry
2202 Stockton Hill Road. Suite A Kingman, Arizona 86401 (602)753-5668

(Daniel Cook continued)

He has tatoos on his left arm and shoulder.

Cranial Nerves reveal smell is intact, visual fields are full, the fundi are discreet with no signs of papilledema and good venous pulsations; extraocular movements were full with no diplopia or nystagmus; facial sensations intact; facial muscles are symmetrical; hearing is intact to hone and air conduction; the palate elevates in the midline; the trapezii are strong bilaterally; tongue protrudes in the midline.

Reflexes are symmetrically intact. There is no Hoffman, Babinski, Stransky or Palmo-mentul reflex.

Motor System reveals excellent strength in all extremities without exception. There is no atrophy, fasciculation, tremor or rigidity.

Sensation is intact to pain and vibration throughout. Stereognosis is intact.

Cerebellar Exam reveals station, gait and speech are intact. The is no nystagmus, dysdiadokokinesis, dysmetria, dystonia, dysarthria or tremor. He squats and rises well without assistance and hops gracefully on each foot.

On temporal parietal lobe testing he draws a clock symmetrically, places the numbers correctly and arranges the large and small hands correctly at 4:47.

Impression 1. Completely normal neurological exam.

2. History of repeated head injuries with
   a. Tunnel vision which is usually a hysterical, functional symptom with no neurological significance.
   b. Scintillating scotoma which is usually of neurological significance, but usually unilateral. His is bilateral.

Fellow American College of Surgeons
DIPLOMATE AMERICAN BOARD OF NEUROSURGERY

B. Anthony Dvorak, M.D., F.A.C.S. Neuro-Psychiatry
2202 Stockton Hill Road, Suite A Kingman, Arizona 86401 (602)753-5666

(Daniel Cook continued)

Recommendation: 1. EEG to rule out possible complex partial seizure disorder.

2. CAT Scan of brain to rule out possible intracranial lesion.

Thankyou for the opportunity of evaluating Mr. Cook. If I can be of further service please call on me.

Sincerely,

B. Anthony Dvorak, M.D., F.A.C.S.

BAD/jr

Fellow American College of Surgeons
DIPLOMATE AMERICAN BOARD OF NEUROSURGERY

EXHIBIT 26

LINDA SEAPY
Clerk of Superior Court
Mohave County Courthouse
401 E. Spring Street
Kingman, Arizona 86401

FILED
TIME 4:00 p.m.
DEC 23 1987
LINDA SEAPY
CLERK SUPERIOR COURT
DEPUTY

CONFIDENTIAL
CAN ONLY BE OPENED
BY ORDER OF THE COURT

CR-9358 STATE vs. DANIEL WAYNE COOK
Mental Health Report from Dr. Almer
Sealed 12-23-87 per order of the Court

FILED DEC 23 REC'D
ME 4:04 p.M
DEC 23 1987
LINDA SEAPY
CLERK SUPERIOR COURT
C Bray DEPUTY

EUGENE R. ALMER, M.D., P.C.
AND ASSOCIATES
7432 East Camelback Road
Scottsdale, Arizona 85251-3594

Telephone
(602) 423-0713

Diplomat American Board of
Psychiatry and Neurology

December 14, 1987

The Honorable Steven F. Conn
Judge of the Superior Court
Mohave County Courthouse
401 East Spring Street
Kingman, Arizona 86401

In Re: COOK, Daniel Wayne
CR-9358

Dsar Judge Conn:

The above-named 26-year-old single male was seen for psychiatric evaluation in my office on November 17, 1987. He completed eleven plus years of education and then received his G.E.D.

I did ask him to tell me about himself and why I was evaluating him and he related for the purpose of determining competency to stand trial and determining competency at the time of the alleged crime. He went on to state that he was born in Chicago and went to California at the age of nine. His father was a retired Air Force colonel who used to run a stamp machine for the McCullogh Corporation in Lake Havasu. His mother had also worked for the McCullogh Corporation and is now collecting disability because of being mentally disabled secondary to a manic depressive illness. She was also an alcoholic. She quit drinking in 1983 having gone through the treatment program in Kingman, Arizona. She continues to study AA books. The mother at about four to five hospitalizations and the first hospitalization was when he was at about age 11. She usually had to go into the hospital because of depression and sometimes for overdosing. Some of the reasons for going in because of overdosing were because the accused would get into a great deal of behavior that was very upsetting to his mother such as attacking his sister with a knife, starting various fires including trying to burn the car of a schoolteacher who had made him sit in the rain one day and burning the neighbor's camper in addition to two other serious fires which he doesn't exactly recall. He also states that he was incorrigible, started fights with his brothers and sisters, didn't obey his parents, and there were always the troubles in school related to physical fights and being kicked out on a few occasions. He did about average work in grade school and less than average work in high school. He did poorly in high school in order to get even with his parents because he was the only one that was

doing well and all the others had been held back, and he felt that if he did poorly and was held back that they would treat him like they treated the other children. However, they didn't seem to notice or care. His parents moved to Lake Havasu City when he was about age 15. He has an older sister, Debbie, age 27 who married for the second time in April of this year. She had a baby girl in March. He doesn't talk to her much ahy more. He has a younger half-brother, George, age 20 who spends his weekends in jail having to do a tour of duty there for about twenty different weekends because of his second DWI. Other troubles that his brother got into was stealing purses. The accused doesn't think that his half-brother has an alcohol problem, however, he thinks he does have some problems with peer relationships. He relates that he has about seven step-brothers and about two step-sisters, all older, and grew up with them after his mother married the stepfather. The mother married the stepfather in about 1966 at which time the prisoner was about age six. At age 14 he was placed in a boys' home in California and was at San Dimas for about two years and then ran away. He was picked up by the police and was taken to a social worker, then taken to a youth home in Lancaster, California, for about one year, and then was at juvenile hall for a week and then on to a foster home in Newhall, California, for about three to four months. He then went to Lake Havasu City at the age of 17, was with his parents for two weeks and they found a place for him in Idaho to stay with some friends. He then was between Idaho and Utah; however, he finally came back to Arizona at about the age of 20. In Idaho he worked as a groundskeeper at a school district and then went to work for the forest service for about three months, at a cobalt mine for six weeks, was unemployed for 1-1/2 years, and then went into a treatment program in Idaho for detox for about 30 days for alcohol mainly. He then went to Wyoming at about age 19 for a period of time and in Wyoming he was at a state hospital for five months being treated for anxiety, depression, suicidal attempt and drugs which is at the Wyoming State Hospital in Evanston, Wyoming. He then went back to stay with his friends and ended up in a State Hospital South in Blackfoot, Idaho, after which he moved back to Arizona at the age of 21 or 22. He stayed in Arizona for four years between Lake Havasu City and Kingman living in the desert; however, he wasn't able to keep work and often ended up in jail for disorderly conduct, not paying his fines, not following through on community service, and ended up being arrested because of behavior secondary to his alcohol problems. He states, however, that he has only been arrested some six or seven times. Drug history reveals that he started heavily with alcohol at the age of 14, marijuana at the age of 15, barbiturates at the age of 16, hallucinogenics at the age of 17, and amphetamines at the age of 25.

The work history reveals that he has worked as a laborer and cook. His longest job lasted five months setting up mobile homes in Kingman when working for a neighbor, and shortest job lasted for about one week at a restaurant in Kingman. He has had a total of about 15 different jobs.

He has not been to the penitentiary. He has been in jail about seven times.

Past medical history reveals that he has had a tonsillectomy, pneumonia "a few times," asthma since the age of 10 and that he has an attack every time he becomes physically too active. He was being treated for depression with Limbitrol 2-25 and was on four a day and he has been off them for a week because of loss of feeling and mobility of the right foot. He fractured his jaw in a fight at the age of 24 and then the fellow he was fighting with backed his car over his head and he ended up in the hospital for six days at the Kingman Regional Hospital in 1989. He thinks he was unconscious for about nine hours. He had no residual symptoms after that. He smokes about 3/4 packs of cigarettes a day.

As far as his activities in the jail are concerned, he gets up about six o'clock in the morning, has coffee and goes to breakfast, a nurse comes and gives him his medication, he watches t.v., plays cards, reads, has lunch, more medications, more t.v., has supper, more television, and then he goes to bed about 10:30. He has a cellmate. He has been moved on about three or four different occasions to different sections there. He spends quite a bit of time helping the other prisoners with their motions, he writing the motions for them.

Mental status examination reveals that he is about 5 feet 11 inches tall, weighs about 140 pounds, brown hair, slight moustache, orange jail clothes, tattoo of a sword on the right arm, numerous white spots on both forearms. There was nothing bizarre or strange about his affect. At times he did seem nervous. He had a tendency to be quite guarded. At times he was sad. He was well-oriented in all three spheres. Thought content was replete with themes of emotional instability, temper tantrums, fights, chronic poly-drug abuse, problems in interpersonal relationships, no goals, difficulties with deciding on vocation, impulsivity, suicidal attempts, and general acting-out behavior. More will be said later as to what he had to say about the alleged crime. Thought processes reveal good flow of speech and good voice volume. Concentration and attention span are intact. Intellectual functions reveal fair general knowledge and fair knowledge of current events. He is able to do serial sevens with three errors. Simple arithmetical ability is intact. General memory is intact. He is able to repeat six digits backwards.

He did quite well with similarities. Conceptual and abstract abilities are intact.

As far as the current feelings are concerned, he relates that he doesn't care whether he lives or dies, that he is getting along from day to day, and does control his temper.

As far as the charges are concerned, he states they are first degree murder, two counts, and what was supposed to have happened occurred between July 17 and 21, and he was arrested on the 21st. He relates that two people had been beaten and strangled to death and that this happened in his apartment in Lake Havasu City where he had been living for about two months. The two people were Carlos Ramos, age 26, and Kevin Sweeney, age 16. As to why this was accomplished, he states "from what the police reports say, robbery was the motive." Both were dead. Daniel has a roommate by the name of John Matzke who is a co-defendant whose charges were reduced from two counts of first degree murder to one count of second degree murder on a plea bargain if he were to testify against Daniel. As to what John is testifying to, Daniel relates that he doesn't know; however, that he has had a chance to look at his written statements and confession. He states that John is committing perjury, everything he has stated in the confession is false and it is nothing more than a lot of fairy tales. John states that the two of them had killed Carlos and then Kevin showed up and that both of them were killed with beatings and stranglings. According to Daniel, on Saturday night to Monday morning is when the beatings and stranglings occurred. The police reports are wrong about the time; both were killed within three hours of each other, because "John told me." Daniel relates that John killed them. Carlos was a dishwasher at the Big Boy before Daniel started working there. Kevin had been working at the Big Boy for about one month. John had been there for two months. Daniel states he quit on July 17th. The boss had told him that he was not to bring his personal problems to work. The girlfriend, Barb, was not going to move down from Kingman as she had promised since she had changed her mind and was moving in with someone else that she had been dating for about two years. He relates that Barb has two children--Sean, age 13, and Becky, age 11. Prior to the murders Daniel had been drinking for weeks, partying every night, usually intoxicated, and usually would have about "three 12-packs at least" a day. He states that he is able to drink for six hours before he blacks out or gets to the point where he no longer is able to remember time periods. His drug usage during the period between July 17th and July 21st is that he had been using methamphetamines for about one month, downers and marijuana, in addition to the alcohol.

Valium use waa about 40 milligrams per day, amphetamines about 1/8 gram per day, 24 beers per day, and three to four cigarettes of marijuana per day. He knows that weekend that two people were murdered, knows who killed Carlos, states that it was John, states that he remembers hiding the body upstairs when someone had showed up at the apartment, recalls that he and John were sitting down at the kitchen table discussing what should be done with Carlos' body Sunday morning when a girl showed up and left. John told him that he had killed somebody once and it wouldn't bother him if he did it again. Kevin showed up, he doesn't recall what time of day, and he told Kevin to leave and not come back. Kevin left, the prisoner left and went out and sat by the pool downstairs, went back into the apartment, had some beer, went back to the pool and back to the apartment before daylight came and then had passed out by the pool--all of this being Saturday night. He went into the apartment and John was laying on the couch because Carlos was in his room. He has no memory from Sunday AM to Monday AM. On Monday AM Byron showed up to awaken him to go to court for open container charge and called the court stating Daniel was sick. John went to work Monday afternoon and was back at 4:30 because he had quit his job and told Daniel that he was afraid Daniel would turn him in for the killing of Carlos. Then various people showed up on Monday night for a party and at 2 AM he told them to leave. Delia, a girl, and Byron stayed and he is not sure of the others. At daylight Tuesday Dean Meabes was looking for his girlfriend and he told them to check upstairs. Daniel was arrested at 6 AM Tuesday morning.

A great number of medical records were reviewed and I will make comments from a few of the following, however, the review is anything but limited to the following medical records:

1) There is a release summary and individual after-care treatment plan dated January 21, 1981, from the Wyoming State Hospital where he had been admitted on December 1, 1980, and was discharged on January 21, 1981. Treatment was for alcohol addiction and passive-aggressive personality. The prognosis was considered to be extremely poor.
2) The medical records from the State Hospital South in Blackfoot, Wyoming, were reviewed where he had been treated for substance abuse primarily alcohol which was thought to be of an episodic nature. He was admitted on December 11, 1981, and discharged on March 9, 1983, against medical advice.
3) The emergency room record dated August 8, 1984, revealing that he had inflicted several razor blade wounds on himself especially in the area of the left forearm.

4) The emergency room record of the Kingman General Hospital dated September 4, 1985, revealing that he had hit someone and had pain in his right hand.

5) The records of the Lake Havasu City Police Department detailing his arrest, the apartment and various investigational reports including some medical records which are present in other materials, and also the autopsy reports of the two victims. All of this material is in reference to late July 1987.

6) The psychological evaluation of Daniel Wynkoop, Ed.D., dated October 23, 1987, which describes him as having difficulties with polydrug abuse and various personality disorder problems.

7) The Scientific Investigation Agency Limited and their report of September 9, 1987, of a taped interview from the mother, Wanda Dunn, and the stepfather, John Dunn, which covers Daniel Cook's life history, psychiatric problems, acting-out behavior, his various stays at various institutions as a teenager, and his drug and alcohol problems.

8) The voluminous records from the Kingman Regional Hospital where Daniel Cook had been hospitalized on a number of occasions and treated as an inpatient and an outpatient from 1982 to 1987 which is replete with psychological reports, psychiatric evaluations and numerous treatment records. Again, the diagnoses are primarily those of various types of alcohol and drug abuse and personality disorder problems in addition to the diagnosis of depression or dysthymic disorder. Alao, a CT scan was accomplished on September 8, 1982, which was found to be normal. There are numerous records from Maurice B. Ruland, M.D.

In answer to the question posed by the court, the defendant is competent to stand trial and has the ability to understand the nature of the precedings against him and to assist counsel in the preparation of his defense. In the event that he should chose to plead guilty, mental illness has not substantially impaired his ability to make a decision concerning the waiver of rights contained in the statement of constitutional rights and he could have a rational as well as a factual understanding of the consequences of entering a plea of guilty. The probable mental condition of the defendant at the time of the offense was that of being under the heavy influence of alcohol and drugs. The relationship of the mental disease or defect to the disease is that it seriously impaired his judgement, caused him

to blackout for many of the events of that weekend and provided him with lack of normal inhibition producing more impulsive behavior.

If there are other questions that I can answer for the court, please feel free to contact me.

Eugene R. Almer, M.D.

ERA:jp