

# Advanced Traffic Accident Investigation

Course by WeCARE and hosted by Gilroy Police Department

POST Course Control No. 1122-33610-17-002



## Contemporary Case Studies



## DESCRIPTION

- ◆ Speed from brake & deceleration distance (skidmarks, ABS marks & sliding)
- ◆ Speed from Critical Speed Yaw marks
- ◆ Tire mark identification
- ◆ Friction concepts, calculations & proper application for calculating speed
- ◆ Diagramming & Measurement Techniques
- ◆ Basic motion introduction & time-distance analysis
- ◆ Projectile motion calculations
- ◆ Basic photography techniques
- ◆ Introduction to Electronic Data Recorder Evidence (EDR)
- ◆ Math review & the application of Newton's laws of motion
- ◆ Motorcycles: Braking capabilities, rider vault & speed from damage
- ◆ Introduction to Momentum for calculating impact speeds
- ◆ Human, Vehicle & Environmental Factors in Accident Investigation

## PREREQUISITE

Successful completion of *Basic Accident Investigation* class or similar. Intermediate Accident Investigation is not required. Intermediate concepts are included in this course. Students should have a good working knowledge of math & basic algebra.

**INSTRUCTOR:** Rudy Degger, ACTAR

**STUDENTS ARE ENCOURAGED TO BRING A LAPTOP COMPUTER**

**DATE:** FEBRUARY, 2018 (80 hours)

**TIME:** Monday through Friday 8:00 a.m. - 5:00 p.m.

**LOCATION:** Gilroy Police Department

1000 Civic Center Drive  
Tracy, CA 95376

**POLICE DEPARTMENT CONTACTS:**

(NOT FOR REGISTRATION)

**Primary contact:**

Sergeant Craig Kootstra  
Craig.Kootstra@TracyPD.com  
VM: 209.831.6637

**Secondary contact:**

Corporal Ed Gilmore  
Ed.Gilmore@TracyPD.com  
VM: 209.831.6512

Hotels

**Hampton Inn**

2400 Naglee Rd, Tracy, CA 95304 209.833.0483  
www.hilton.com/Hampton\_Inn/Tracy

**Fairfield Inn**

2410 Naglee Rd, Tracy, CA 95376 209.833.0135  
http://www.marriott.com/hotels/travel/scksf-fairfield-inn-tracy

**TO REGISTER:**

Complete the attached registration form. Fax, mail or Email it along with your payment payable to We.C.A.R.E.

**FAX: 530-836-1673**

**Phone: 530-836-1654**

**Email: [wecare4recon@gmail.com](mailto:wecare4recon@gmail.com)**

**TUITION - Payable to WeCARE**

\$750.00 paid on or before 5/4/2018

\$800.00 paid after 5/4/2018

\$850.00 paid after 6/1/2018

Checks payable to WeCARE. MC, VISA, AMEX accepted.

**No refunds after 6/1/2018**



**WeCARE**

**West Coast Accident Reconstruction  
Equipment & Education  
WeCARE is a POST provider**

PO Box 1647

Graceland, CA 96103

B: (877) 944-5903 F: (530) 836-1673

[WeCARE4Recon@gmail.com](mailto:WeCARE4Recon@gmail.com)

[www.rudydegger.com](http://www.rudydegger.com)

# Advanced Traffic Accident Investigation

Course by WeCARE and hosted by Tracy Police Department

## Registration Form for June 18 - 29, 2018

POST Course Control No. 1122-33610-17-001

### How To register:

- 1) Please use one registration form per student. Please print or type COMPLETE information.
- 2) Payments may be combined for more than one student per department.
- 3) Early registration and payment deadline is 5/4/2018
- 4) If paying by P.O. or Credit Card, **FAX** or **Email** this form with your P.O. or credit card information to We.C.A.R.E. Fax: **530-836-1673** Email: **wecare4recon@gmail.com**
- 5) If paying by check, mail this form along with your payment (payable to WeCARE) to **WeCARE, PO Box 1647, Graeagle, CA 96103.**

**STUDENT IS STRONGLY ENCOURAGED TO BRING A LAPTOP COMPUTER. POWERPOINT & HANDOUTS ARE PROVIDED AS PDF FILES ON A THUMB DRIVE. THE LAPTOP SHOULD HAVE MICROSOFT EXCEL INSTALLED. BASIC INSTRUCTION FOR BUILDING & USING SPREADSHEETS TO MAKE CALCULATIONS IN-CLASS, IS A PART OF THE COURSE CURRICULUM.**

### STUDENT INFORMATION:

Student Name: \_\_\_\_\_

**POST ID #:** \_\_\_\_\_

Department: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

**Student E-mail:** \_\_\_\_\_

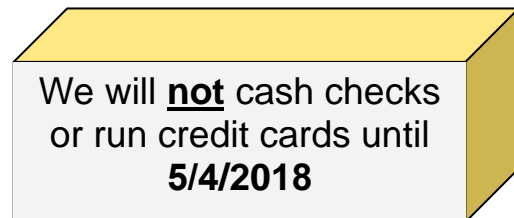
Training Manager E-mail: \_\_\_\_\_

### Registration Options:

\$750.00 paid before 5/4/2018

\$800.00 paid after 5/4/2018

\$850.00 paid after 6/1/2018



**PAYMENT METHOD:**  Check # \_\_\_\_\_ PO # \_\_\_\_\_

Credit Card.....  VISA  MC  AMEX

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code \_\_\_\_\_

Email Receipt To: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_ Zip: \_\_\_\_\_