

"Speed from Crush"

POST Course Title: *Traffic Collision Investigation Enhanced*
Presented by Rudy Degger (WeCARE) and hosted by Pleasant Hill P.D.
September 28-October 2, 2020 ~ POST Number 1122-33611-19-001

DESCRIPTION

- ◆ Energy & Damage Calculations and Analysis
- ◆ Calculate Speeds & Delta -V from Crush Profile
- ◆ Student Field Exercises: *Hands-On Measurement of Crush Profiles*
- ◆ Practical Application: *Calculations made using Student Field Exercises*
- ◆ Research and properly use the NHTSA Vehicle Crash Test Database
- ◆ Calculate A-B-G Stiffness Coefficients
- ◆ Force Balance Calculations and Adjustment of Stiffness Values
- ◆ Calculate and Apply Effective Mass Ratio
- ◆ Triangle Speed Analysis Using Delta-V

PREREQUISITE

Successful completion of *Advanced Accident Investigation* and *Traffic Accident Reconstruction* or similar class. Students should have a good working knowledge of basic algebra .

INSTRUCTOR: Rudy Degger, ACTAR

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



Student Case Studies



DATE: Sept. 28 - Oct. 2, 2020 (40 hour class)

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

LOCATION: Pleasant Hill Police Department
330 Civic Dr.
Pleasant Hill, CA 94523

Police Department Contacts:
(not for registration)

Primary Contact:

Officer Kevin Tillman
ktilman@pleasanthillpd.org
925.288.4644

Secondary Contact:

Sgt. Jason Kleven
jkleven@pleasanthillpd.org
925.288.4644

Nearby Lodging:

Hyatt House Hotel

2611 Contra Costa Blvd. PH, CA 94523 * 925.934.3343

Courtyard by Marriott

2250 Contra Costa Blvd. PH, CA 94523 * 925.691.1444

***TO REGISTER:**

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

B: 877-944-5903 or mobile: 530 927-9748

Email: wecare4recon@gmail.com

TUITION - Payable to WeCARE

\$500.00 paid on or before 8/28/2020

\$550.00 paid after 8/28/2020

\$600.00 paid after 9/14/2020

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

Please review our cancellation policy.



WeCARE

**West Coast Accident
Reconstruction Education**

WeCARE is a POST provider

PO Box 1647

Graeagle, CA 96103

B: (877) 944-5903

Wecare4Recon@gmail.com

www.rudydegger.com

"Speed from Crush"

POST Course Title: Traffic Collision Investigation Enhanced
Presented by Rudy Degger (WeCARE) and hosted by Pleasant Hill PD
Sept. 28-Oct. 2, 2020 ~ POST Number 1122-33611-19-001

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 listed below.
- 4) If paying Credit Card, **Email** this form with credit card information to **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 MUST BRING A LAPTOP COMPUTER. POWERPOINT & HANDOUTS ARE PROVIDED AS PDF FILES ON A THUMB DRIVE. THE LAPTOP MUST 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:

\$500.00 paid before 8/28/20 **

\$550.00 paid after 8/28/20

\$600.00 paid after 9/14/20

***Cancellation Policy: If you cancel before 8/28/20 tuition will be refunded less \$50 for processing. Cancellation after 8/28/20 there is no refund. Agencies may substitute a student for this class, or the tuition may be applied to a future Crush class.*

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: _____

For WeCare administration only: received _____ confirmed _____ paid _____ receipt # _____