



Vehicular Homicide Seminar

June 1–4, 2009
Hotel Solamar
San Diego

This three and one-half-day seminar, co-sponsored by the California Office of Traffic Safety, is designed for prosecutors and law enforcement who handle misdemeanor and felony vehicular homicides. The course will assist prosecutors and law enforcement in developing the knowledge and skills necessary to investigate, evaluate, prepare, and handle cases involving vehicular fatalities. Subjects will include California substantive law, collision investigation and reconstruction, post-collision determination of speed, how kinematics can assist in driver identification, understanding expert testimony in these cases, cross-examining a defense expert, and basic toxicology.

TOPICS Collision Investigation & Reconstruction • Speed Determination • Kinematics • Crime Charging Considerations • Sentencing Issues & Trial Tactics • How to Develop & Use the People's Expert Testimony • Cross-Examination of the Defense Expert

TUITION Tuition is \$300 for California prosecutors and law enforcement OTS grantees.

HOTEL INFORMATION The **Hotel Solamar** is located at 435 Sixth Street in San Diego. To receive the special CDAA room rate of \$139 single/double occupancy (plus hotel tax), call the hotel at (877) 230-0300 and mention CDAA. Although the cut-off date for hotel reservations is **May 11, 2009**, make your reservation as soon as possible as rooms may sell out before the deadline. **Please note: the hotel has a strict 72-hour cancellation policy.**

MCLE/P.O.S.T. CERTIFICATION This course is certified for **18** MCLE hours (subject to final approval of agenda). Call for P.O.S.T. certification information.

TECHNICAL ADVISOR Creg G. Datig, Traffic Safety Resource Prosecutor Program Director, CDAA

SCHOLARSHIP INFORMATION TBD

CONTACT Gina Kelly, Training Consultant (gkelly@cdaa.org)



Funding for this program is provided in part by a grant from the California Office of Traffic Safety, through the National Highway Traffic Safety Administration.

CDAA MCLE Registration Form
Vehicular Homicide Seminar
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Have you met the OTS alcohol prerequisite in your grant agreement? Yes No

Topics I'm most interested in: _____

Name: _____ State Bar Number/P.O.S.T. ID Number: _____
(as registered with the State Bar)

Preferred Name: _____ Title: _____
(for name tag)

Agency: _____ Direct Phone: _____

Address: _____ Fax: _____

City, State, ZIP: _____

E-mail: _____ Payment: Company Check Personal Check Credit Card

Visa M/C Disc AmEx Card Number: _____ Exp. Date: _____

Name on Card: _____ Signature: _____

Emergency Contact Name: _____ Phone: _____

Register online at www.cdaa.org/training/index.asp or register by faxing this form to:
CDAA • 921 11th Street, Suite 300 • Sacramento, CA 95814 • www.cdaa.org • (916) 443-2017 • Fax (916) 443-2886

PHONE REGISTRATIONS WILL NOT BE ACCEPTED.