# PEDESTRIAN/BIKE ACCIDENT RECONSTRUCTION

**OVERVIEW:** This course offers a step-by-step approach emphasizing the proper documentation of physical evidence & the correct methods for analyzing the evidence. Lecture covers topics such as: vehicle code, lighting, headlamp illumination, perception, body trajectories & formulae that are unique to pedestrian and bicycle collisions.

**PREREQUISITE:** Students must be currently employed by a law enforcement or public safety agency and have successfully completed the Reconstruction course.

**ADDITIONAL COURSE INFORMATION:** N/A

**DATE(S):**

<table>
<thead>
<tr>
<th>START:</th>
<th>TO</th>
<th>END</th>
<th>COST:</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/28/2021</td>
<td></td>
<td>06/30/2021</td>
<td>$174.00</td>
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**DAYS:** MONDAY - WEDNESDAY

**TIMES:** 0800-1700 HOURS

**LOCATION:** Ben Clark Public Safety Training Center
16791 Davis Avenue Riverside, CA 92518

[Click to receive notifications when classes are updated](#)

**CERTIFICATION:** POST Plan N/A

**POST #** 2200-33593

**COURSE HOURS:** 24

**INSTRUCTORS:** All instructors are experienced in their fields and are POST-certified.

**ENROLLMENT:**
- Create a “Site Login & Registration” (initial set up only), for enrollment access.
- After providing the standard registration information and successful submission, a verification email will be sent from the site to the email address provided.
- Click on the link provided in the email to activate the RTP user account.
- Log into the RTP site with selected username & password. Click on the title of the training event, fill out the course registration form and submit.
- If the form has been correctly submitted, registrant will receive an auto response confirmation to their email address.

* Registrants have sole responsibility to communicate event information to their agency Supervisors/liaisons.

* Agency/Organization photo ID required at check-in.

**PAYMENT OPTIONS:**
We are now accepting online credit card payments. To submit a payment online please click here. Make sure you have your invoice number on hand, you can find your invoice number on your event confirmation email.

*Please note: Tuition is due 10 days prior to the start of the class, if payment is not received on time you will be dropped from this course.*
<table>
<thead>
<tr>
<th>CANCELLATION:</th>
<th>To cancel a registration please contact the course coordinator.</th>
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<tbody>
<tr>
<td>Students must cancel no later than 10 days prior to the class. Cancellation made less than 10 days before the first day of class will result in loss of tuition.</td>
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<thead>
<tr>
<th>COORDINATOR:</th>
<th>DEPUTY STEVE RIVERA</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMAIL:</td>
<td><a href="mailto:SDRIVERA@RIVERSIDESHERIFF.ORG">SDRIVERA@RIVERSIDESHERIFF.ORG</a></td>
</tr>
<tr>
<td>CONTACT PHONE:</td>
<td>951-486-2946</td>
</tr>
</tbody>
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<thead>
<tr>
<th>DRESS CODE WILL BE ENFORCED:</th>
<th>Students must wear department-issued uniform or casual business attire. No shorts, ripped, faded or inappropriate jeans, flip-flops, or T-shirts.</th>
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<tr>
<td>REQUIRED EQUIPMENT:</td>
<td>Students are required to have a notebook and scientific calculator (ti-36x).</td>
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<tr>
<td>SPECIAL INSTRUCTIONS:</td>
<td>N/A</td>
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If you were unable to submit credit card payment, please mail Check or Money Order Payable to:
Riverside County Sheriff/Ben Clark Training Center
Attn: BCTC Course Fees
Accounting & Finance
16791 Davis Ave., Riverside, CA 92518

For any other questions regarding course payment, you may contact us at:
bctccoursefees@riversidesheriff.org
RIVERSIDE COMMUNITY COLLEGE DISTRICT
PUBLIC SAFETY EDUCATION AND TRAINING

CLASS INFORMATION FORM

The following information will be used solely for record keeping purposes by Riverside Community College District, Riverside County Sheriff’s Department and the Commissions on Peace Officer Standards and Training (POST).

Course Title ___________________________________________________________

Date(s) of Class: _______________________________________________________

(Print) Last Name ___________________________________________ First Middle

Social Security Number ____________________________ DOB: / / Gender M F

Mailing Address: ______________________________________________________

Street __________________________________ City __________ Zip __________

Home Phone ___________________________ Business or Cell Phone

Agency employed by, if applicable: _______________________________________

Position with Agency: _________________________________________________

Peace Officer ( ) Non Peace Officer ( ) Full Time ( ) Part Time ( )

_________________________________________  ___________________________
Today’s Date Signature