

# **WESTERN STATES AUTO THEFT INVESTIGATORS NORTHERN CHAPTER - TRAINING DAY**

## **Attention: Law Enforcement Officers & SIU Insurance Investigators**

**COURSE DESCRIPTION:** Training will start with a case overview and discussion of the latest theft trends involving late model Chevy Camaros. The morning session will also provide the newest in technology regarding what can be located within a vehicle's infotainment system and how to obtain that information. The afternoon session will begin with the current trends in Identity Theft Crimes. The day will conclude with a visual case study of a recent chop shop bust located in Rancho Cordova to include stolen vehicles recovered which appeared to be Owner-Giveups, the arrest of the suspects and intelligence obtained from them.

**Date: Thursday – July 21, 2016**

**Time: 7:45 a.m. – 4:30 p.m. (Check-in at 7:45 a.m. – Agency I.D. Required)**

**Location: Alameda County - Office of Emergency Services**

**Address: 4985 Broder Blvd., Dublin, CA 94568 (Near the Santa Rita County Jail)**

### TRAINING AGENDA

TIMES:	Check-in	7:45 a.m. to 8:20 a.m.
	Introductions	8:20 a.m. to 8:30 a.m.
	Late Model Camaro Theft Trends	8:30 a.m. to 10:00 a.m.
	Vehicle Infotainment	10:15 a.m. to 11:45 a.m.
	Lunch Break	11:45 a.m. to 1:00 p.m.
	Identity Theft Crime Trends	1:00 p.m. to 2:30 p.m.
	Chop Shop/Owner Give-Ups Insurance Fraud	2:45 p.m. to 4:15 p.m.

**To reserve a seat, mail completed form & check(s) to WSATI at:**

**P.O. Box 189063, Sacramento, CA 95818. No Credit Cards please.**

**You will receive an e-mail receipt confirming your payment and reserved seat.**

**\$40.00 - Registration Fee must be received by July 18, 2016. Late fee is \$50.00 at the door.**

**Complimentary Lunch will be included with your paid registration.**

**Questions can be directed to Dennis Gallagher: [dgallagher.wsati@gmail.com](mailto:dgallagher.wsati@gmail.com)**

**Complete information below, detach and send in with payment.**

### REGISTRATION INFORMATION

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

AGENCY: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_