

## CRIME SCENE DO NOT ENTER CRIME SCENE DO NOT ENTER

**Date:** November 13-14, 2018

**Location**: Columbus Police Training Academy

1000 N. Hague Ave., Columbus, Ohio

43204

Time: 8:00 a.m. – 4:00 p.m.

Registration starts at 7:30 a.m.

Cost: \$120 which includes lunch both days

Registration is required

Contact Lisa Murray

614-645-2175

RegionalTraining@columbuspolice.org

Tracy Harpster has served the Moraine Police Division in Ohio since 1984. He has worked as street officer, undercover narcotics officer, Sergeant, Detective Sergeant, Lieutenant and Deputy Chief. In 2006, DC Harpster achieved a Graduate degree from the University of Cincinnati where his Master's Thesis examined the indicators of innocence and guilt of 9-1-1 homicide callers reporting the offense. The study defined and analyzed the indicators in order to assist homicide detectives gain insight into the offense, suggest offender probability, and explore pertinent issues during the interview and interrogation phases of the investigation. Deputy Chief Harpster is a member of the Vidocq Society and has shared his research at homicide conferences across the country and used his research to investigate over 1200 homicides.

This training is specifically designed to educate <u>all</u> <u>criminal justice personnel</u> including Dispatchers, Law Enforcement Officers, Detectives, Supervisors, Medical Examiners and Prosecutor's.

## COLUMBUS POLICE REGIONAL TRAINING CENTER

## 1000 NORTH HAGUE AVENUE COLUMBUS, OHIO 43204

Phone: (614) 645-4800 Fax: (614) 645-4246

## **REGISTRATION FORM**

Complete	one form for each student and each cou	urse. Please print.
Name:		Rank:
Last Firs	t Middle	
Gender: M / F DOB://	Daytime Phone: (	)
Agency:		
Address:		
	State:	Zip:
Agency's Telephone Number: ( )	Agency Fax Nu	ımber: ( )
Student's E-Mail Address:		
Course Information:		
Course Title:Is the Caller the Killer		
Course Date(s):November 13-14,	2018 Tot	al Cost:\$120
<del>-</del>	o not attend and do not cancel the ro arged an administrative fee equal to	
Billing Information: Check one:	Maka ahash gayahla ta Calyyahya Dali	
Payment enclosed	(Federal I.D. #31-6400223)	
Send invoice *I	Payment is due on or before the day of	the class
Send Invoice To:		
Billing Address:		
City:	State:	Zip:
Student's Signature	Authorizing Signature	 Date