



For Admin Only
Request #

Aggregate Data Request Form

TRAFFIC RECORDS INTEGRATION PROGRAM

Instructions: Use this form to request linked aggregate data with no direct identifiers and the TRIP Variable Request Form. Still have questions? [Email the TRIP](#) before you submit the form.

Requester Contact Information

Date Submitted:

Requester's Name:

Requester's Title:

Requester's Organization:

Department:

Email address:

Phone:

Principal Investigator's (PI) Name:

PI Title:

PI's Organization:

Department:

Email address:

Phone:

Project Information

1. Project Title:

2. What type of request are you submitting?

New data request

Request for additional data or a "refresh" of data under prior request with TRIP

Prior request number (R#):

3. What type of project will this data request support? Check the box below.

Mandated government or legislative report Grant-funded research

Thesis or Dissertation project Report by a state or local government agency

Other project type (*Explain below.*)

4. Briefly describe the purpose, scope, and objectives of your project. If this is a follow-up or update of a previous study, please include a link to or copy of the original work. (1,500 characters max)

5. List the question(s) that you hope to answer. *Examples: What is the breakdown of Washington state collisions by race/ethnicity who have a substance related record?*

Requested Data	<ul style="list-style-type: none">• Please <u>only</u> ask for the minimum data that you need to answer your question(s).• If you know what your data should look like, send an example table with your form.
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6. For whom / what population are you seeking aggregate data? For what time period(s)? (What is demographic profile of Washington state drivers over the age of 65)

7. What information about this population are you seeking? For what time period(s) and comparison groups? What calculations do you want reflected in the final data?

8. What subgroups (if any) do you need the aggregate data divided into?

Timeline

9. What's your ideal date to receive the requested data?
(The data review process for TRIP will be dependent on the complexity of the request.)

Requester's Signature

Requester's Signature **Title** **Date**

Requester's Signature **Title** **Date**

E-mail your **Aggregate Data Request Form** (and example table, if you have one) to the [TRIP Inbox](#).

Thank you for your submission! TRIP will connect with you after reviewing your request.