For Admin Only **Request #**

Aggregate Data Request Form

TRAFFIC RECORDS INTEGRATION PROGRAM

This form is intended to be used to request aggregate data with no direct.

Questions and completed request forms may be submitted to the TRIP team: trip@ofm.wa.gov

Requester Contact Information

Request Date	

Name		**Email**	
Relationship to Project		**Phone**	

Project Team Information

Principal Investigator

Name		**Organization**	
Title		**Department**	
Email		**Phone**	

Project Team

Many projects include multiple researchers, reviewers, technical writers, etc. Please provide the names of anyone who will have access to the data provided.

Name	**Role**

Project Information

Project Title	

Estimated Project Start Date	
Estimated Project End Date	

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#)	
Data-use agreement number (K#)	

Please select the organizations whose data you are requesting as part of your request

☐ WSDOT
☐ DOL
☐ AOC
☐ WSP - toxicology
☐ DOH (please circle choice): CHARS, Death, RHINO, Trauma, and/or WEMSIS)

What type of project will be supported by this data request?

☐ Mandated government or legislative report
☐ Thesis or dissertation project
☐ Grant-funded research
☐ Report by a state or local government agency
☐ Other project type (explain below)

Have you received outside funding to conduct this study?

☐ Yes (explain below)
☐ No

Describe the purpose and scope of your project. Explain your project objectives and how you plan to evaluate the program(s).

List the key research questions that your project will address.

Describe the project's study population(s), including any comparison groups or cohorts, as well as time elements. ***(Examples: All drivers between the ages of 18-25 who have an alcohol related collision)***

Please describe your study design, methods, and planned analysis. If necessary, use the TRIP Variable Request Form or a separate document for equations or other important details.

What are the proposed deliverables/knowledge products (e.g. report, paper, presentation)?

Requested Data

What specific data elements are you requesting, and for what time periods or cohorts? Complete the **TRIP Individual TRIP Variable Request Form** to help TRIP understand how you would like the data structured *(e.g., specific demographics and date ranges, BAC, Contributing Circumstances, etc.)*. **Note**: **Data requests for a substantial number of variables, cohorts, or records may require more scrutiny from TRIP and a lengthier WSIRB process.**

Partnerships and Agreements

Have you, or any individuals involved in this project, entered into a previous agreement with the Office of Financial Management (OFM)?

☐ Yes (explain below)

☐ No

Contact with TRIP's Partnering Data Contributors

Have you consulted with any of the TRIP's partnering data contributors (e.g., WSDOT, WTSC, DOL, DOH, AOC, and/or WSP) about your study questions, rationale, or design?

☐ Yes (explain below)

☐ No

Accidents or Breaches

Has your organization had any security incidents and/or data breaches in the past 5 years?

☐ Yes (explain below)

☐ No

Are there individuals who will have access to the requested data that have been involved in any security incidents and/or breaches in the past 5 years at your organization or elsewhere?

☐ Yes (explain below)

☐ No

Requester's Certification and Signature

By submitting this form, I acknowledge the following:

- TRIP is required to review any and all draft materials *(e.g., research reports, scholarly journal publications, presentations, and/or data dashboards)*. TRIP must also send the draft materials to data contributors for their review and feedback. I will submit all draft materials that use the data requested in this form to TRIP for review before any materials are shared with anyone not listed in the data-use agreement and before any materials are published. I will provide TRIP and data contributors with at least ten (10) business days to review the draft materials.
- If the project is approved, I understand that all data provided to me will be de-identified data and there will be no efforts made to re-identify or link the TRIP data to any other data sets.
- If the project is approved, I understand that my request might take several months to complete.
- If the project is approved, I understand that I can only use the data as detailed in this form and the WSIRB application, and any other analyses must be approved by the TRIP first.
- If this project is approved, I am responsible for paying fees required by the Washington State Institutional Review Board (WSIRB) application review process.

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