



Texas Department of Public Safety
Texas Highway Patrol Division
Highway Safety Operations Center



Request Form

Requestor Information:

Name: _____ Rank: _____ Date: *mm/dd/yy*

Agency: _____ Division: _____

Phone Number: *5124245800* Email: _____

Audience: (For whom is the product intended?)

Purpose: (What purpose will the product serve?)

Does this product need to be in a specific format? **Yes** **No** **If yes, what?**

If other, please specify:

Enforcement Related Requests:

Type: _____ Include citations, warnings, or both? _____ Include safety inspections (CVE-3)? _____

Violations of Interest (Please Specify):

If other, please specify:

Crash Related Requests:

Agency: _____ Crash Severity: _____

Data will already include totals for CMV and alcohol related crashes. Do you need any additional information? **Yes** **No**

If yes, please specify:

Seizure Related Requests:

What level of detail do you want? (Below are common requests. More options may be available upon request.)

Interdiction Stops

Seizures (Contraband seized)

Vehicles (Including make, model, origin, and destination)

Concealment Location

Any other, please specify:

In seizures, include:

Marijuana

Cocaine

Heroin

Methamphetamine

Cash

All Seizures

Any other specific contraband, please specify:



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Request Form Continued

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Geographic Scope:

If anything other than statewide is selected, please provide specific information below.

Please specify County, District, Roadway, etc.:

Date Information:

Enter Date Range Below: (i.e., mm/dd/yy - mm/dd/yy, 01/01/17 - YTD (year to date), May 2016 and May 2017, etc.)

DATE REQUEST IS NEEDED BY:

mm/dd/yy

Additional Requests or Comments:

Questions or Comments: 737-600-HSOC (4762)

HSOC Mission Statement

To enhance statewide highway and public safety by collecting, analyzing, evaluating, and disseminating information related to criminal activity, crashes, and traffic enforcement.