CINCLANTFLT CONSOLIDATED REPORT

ANNUAL REPORT
FREEDOM OF INFORMATION ACT

1 OCT 98-30 SEP 99

REPORT CONTROL SYMBOL
DD-PA(A)1365

1. INITIAL REQUEST DETERMINATIONS

a. TOTAL REQUESTS	b. GRANTED IN FULL	c. DENIED IN PART	d. DENIED IN FULL	e. "OTHER REASONS"	f. TOTAL ACTIONS
2527	1649	494	62	426	2731

2a. EXEMPTIONS INVOKED ON INITIAL REQUEST DETERMINATIONS

(b)(1)	(b)(2)	(b)(3)	(b)(4)	(b)(5)	(b)(6)
29	1	4	4	28	195

(b)(7)(A)	(b)(7)(B)	(b)(7)(C)	(b)(7)(D)	(b)(7)(E)	(b)(7)(F)	(b)(8)	(b)(9)
10	0	332	0	0	1	0	0

2b. "OTHER REASONS" CITED ON INITIAL DETERMINATIONS

1	2	3	4	5	6	7	8	9	TOTAL
142	225	23	5	5	14	9	3	0	426

2c. STATUTES CITED ON INITIAL REQUEST (b)(3) EXEMPTIONS

(1)(b)(3) STATUTE CLAIMED	NUMBER OF INSTANCES	COURT UPHELD? (Yes or No)	CONCISE DESCRIPTION OF MATERIAL WITHHELD
10 U.S.C. 1102	3	YES	Medical Quality Assurance Records
10 U.S.C. 130	1	YES	Naval Nuclear Propulsion Information

3. APPEAL DETERMINATIONS

a. TOTAL REQUESTS	b. GRANTED IN FULL	c. DENIED IN PART	d. DENIED IN FULL	e. "OTHER REASONS"	f. TOTAL ACTIONS

4a. EXEMPTIONS INVOKED ON APPEAL DETERMINATIONS

(b)(1)	(b)(2)	(b)(3)	(b)(4)	(b)(5)	(b)(6)

(b)(7)(A)	(b)(7)(B)	(b)(7)(C)	(b)(7)(D)	(b)(7)(E)	(b)(7)(F)	(b)(8)	(b)(9)

4b. "OTHER REASONS" CITED ON APPEAL DETERMINATIONS

1	2	3	4	5	6	7	8	9	TOTAL

4c. STATUTES CITED ON APPEAL (b)(3) EXEMPTIONS

(1)(b)(3) STATUTE CLAIMED	NUMBER OF INSTANCES	COURT UPHELD? (Yes or No)	CONCISE DESCRIPTION OF MATERIAL WITHHELD

5. NUMBER AND MEDIAN AGE OF INITIAL CASES PENDING	(1) AS OF BEGINNING REPORT PERIOD	(2) AS OF END REPORT PERIOD
a. TOTAL INITIAL REQUESTS PENDING (open)	16	14
b. MEDIAN AGE (in days) OF OPEN INITIAL REQUESTS	11	18
6. TOTAL NUMBER OF INITIAL REQUESTS RECEIVED DURING THE FISCAL YEAR	2,527	

7. TYPES OF INITIAL REQUESTS PROCESSED AND MEDIAN AGE	TOTAL NUMBER OF CASES	MEDIAN AGE (Days)
a. SIMPLE	2,378	10
b. COMPLEX	109	29
c. EXPEDITED PROCESSING	40	9
8. TOTAL AMOUNT COLLECTED FROM THE PUBLIC		$ 3,988

9. PROGRAM COST	
a. NUMBER OF FULL TIME STAFF	9.0
b. NUMBER OF PART TIME STAFF	41.5
c. ESTIMATED LITIGATION COST	$ --------
d. TOTAL PROGRAM COST	$ 762,180.00

10. AUTHENTICATION

a. SIGNATURE (Approving Official)

b. TYPED NAME (Last, First, Middle Initial): YOST, Jacqueline C.

c. DUTY TITLE: Dep. Public Affairs Officer

d. AGENCY NAME: CINCLANTFLT

e. TELEPHONE NUMBER (Include Area Code): (757) 836-3630