

CINCLANTFLT
CONSOLIDATED REPORT

**ANNUAL REPORT
FREEDOM OF INFORMATION ACT**

PERIOD: 1 OCT 00-30 SEP 01

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
1964	1267	307	65	325	1964

2a. EXEMPTIONS INVOKED ON INITIAL REQUEST DETERMINATIONS

(b) (1)	(b) (2)	(b) (3)	(b) (4)	(b) (5)	(b) (6)
21	29	5	11	37	233

(b) (7)(A)	(b) (7)(B)	(b) (7)(C)	(b) (7)(D)	(b) (7)(E)	(b) (7)(F)	(b) (8)	(b) (9)
3	0	33	0	0	0	0	0

2b. "OTHER REASONS" CITED ON INITIAL DETERMINATIONS

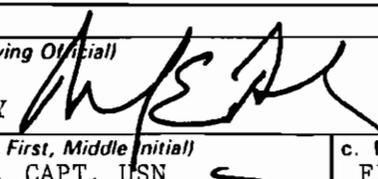
1	2	3	4	5	6	7	8	9	TOTAL
124	171	25	0	11	9	10	0	0	350

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 USC 1102	5	Yes	Confidentiality of Medical Quality Assurance Records

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)					19			21			
b. MEDIAN AGE (in days) OF OPEN INITIAL REQUESTS					29			38			
6. TOTAL NUMBER OF INITIAL REQUESTS RECEIVED DURING THE FISCAL YEAR					1964						
7. TYPES OF INITIAL REQUESTS PROCESSED AND MEDIAN AGE					TOTAL NUMBER OF CASES			MEDIAN AGE (Days)			
a. SIMPLE					1725			18			
b. COMPLEX					239			57			
c. EXPEDITED PROCESSING					0			0			
8. TOTAL AMOUNT COLLECTED FROM THE PUBLIC								\$ 4,285.00			
9. PROGRAM COST				10. AUTHENTICATION							
a. NUMBER OF FULL TIME STAFF		11.5		a. SIGNATURE (Approving Official)							
b. NUMBER OF PART TIME STAFF		67.0		M. E. BRADY 							
c. ESTIMATED LITIGATION COST		\$ ---		b. TYPED NAME (Last, First, Middle Initial)			c. DUTY TITLE				
d. TOTAL PROGRAM COST		\$ 1,086,413		M. E. BRADY, CAPT, USN			Fleet PAO				
				d. AGENCY NAME			e. TELEPHONE NUMBER (Include Area Code)				
				CINCLANTFLT			(757) 836-3630				