

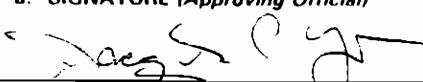
1. INITIAL REQUEST DETERMINATIONS					
a. TOTAL REQUESTS	b. GRANTED IN FULL	c. DENIED IN PART	d. DENIED IN FULL	e. "OTHER REASONS"	f. TOTAL ACTIONS
2527	1649	494	62	426	2631

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? <i>(Yes or No)</i>	CONCISE DESCRIPTION OF MATERIAL WITHHELD
10 U.S.C. 1102 10 U.S.C. 130	3 1	YES YES	Medical Quality Assurance Records 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

3a. 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			19				
b. MEDIAN AGE (in days) OF OPEN INITIAL REQUESTS					12			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				10. AUTHENTICATION								
a. NUMBER OF FULL TIME STAFF		9.0		a. SIGNATURE (Approving Official) 								
b. NUMBER OF PART TIME STAFF		41.5		b. TYPED NAME (Last, First, Middle Initial) YOST, Jacqueline C.				c. DUTY TITLE Dep. Public Affairs Officer				
c. ESTIMATED LITIGATION COST		\$ -----		d. AGENCY NAME CINCLANTFLT				e. TELEPHONE NUMBER (Include Area Code) (757) 836-3630				
d. TOTAL PROGRAM COST		\$ 762,180.00										