

Attn: Christopher Frost

Fax 503 230 4619

Kirk, Janine

From: comment@bpa.gov
Sent: Thursday, September 29, 2016 1:06 PM
To: Kirk, Janine
Subject: [External]Your Freedom of Information Act Request

-Submitting Signed Form

[Submitted by Anonymous User]

Your Freedom of Information Act request has been received. Below is a copy of your reference for your reference.

Freedom of Informati

To make an Electronic FOIA (E-FOIA) request, please provide the information below. Failure to enter accurate and complete information may render your FOIA request impossible to fulfill.

Requests submitted under the Privacy Act must be signed and, therefore, cannot be submitted on this form.

Name: Janine Kirk/Michael Gatewood
Email: j.kirk@gwccnet.com
Organization: Great West Casualty/Cunningham Lindsay
Mailing Address: PO Box 94
City: South Sioux City
State: NE
Phone: 208-898-3622
FAX: 800-833-1851

Reasonably Describe Records

Describe the specific record(s) you seek with sufficient detail that a knowledgeable official of the activity may locate the record with a reasonable amount of effort.

Since most DOE records are not retained permanently, the more information you provide, the better the opportunity there is to determine if the records involved still exist and where.

Enter description:

Video coverage of the South Gate of BPA Substation on NE Ross St., Vancouver, WA on 9/26/16 from 3:00pm - 5:00pm. There was an accident between a semi truck and a bicyclist at approximately 4:15pm. Footage is requested of the accident.

Responding officers: Sam Feddersen & Scott Powell

Specify preferred form or format:

Electronic

Type of Requester

Select a description of yourself and the purpose of the request to help determine your category for assessing fees:

- An individual seeking information for personal use and not for commercial use.
- Affiliated with an educational or noncommercial scientific institution, and this request is made for scholarly or scientific purpose.
- Affiliated with a private corporation and seeking information for the use in the company's business.
- A representative of the news media affiliated with

and the request is made as part of news gathering and not for commercial use.

Select Type of media:

- Newspaper
- Magazine
- Television Station
- Other:

Fees and Fee Waivers

Your request must include a statement that (1) you agree to pay any fees that may be incurred to process the request, (2) stipulates an amount you are willing to pay, or (3) requests specific waiver or reduction of fees.

Please select the statement that applies:

- I agree to pay all applicable fees.
- I agree to pay up to a specified amount for fees.

Enter amount

- I request a waiver or reduction of fees.

If you request a waiver or reduction of fees, we will consider the following six factors to make a determination. Please provide information that addresses these factors:

The subject of the request: Whether the subject of the requested records concerns, "the operations or activities of the government."

The informative value of the information to be disclosed: Whether the disclosure is, "likely to contribute," to an understanding of government operations or activities.

The contribution to an understanding by the general public of the subject likely to result from disclosure, taking into account your ability and intent to disseminate the information to the public in a form that can further understanding of the subject matter.

The significance of the contribution to public understanding: Whether the disclosure is likely to contribute "significantly" public understanding of government operations or activities.

The existence and magnitude of a commercial interest: Whether the requester has a commercial interest that would be

furthered by the requested disclosure, and, if so.

The primary interest in disclosure: Whether the magnitude of the identified commercial interest of the requester is significantly large, in comparison with the public interest in disclosure, that disclosure is, "primarily in the commercial interest of the requester."

If my request for a waiver or reduction in fees is denied, I agree to pay up to (enter amount) _____ to process my request.

Expedited P

I request expedited processing of the request and provide a justification below. I believe a compelling need exists to warrant e)

Please provide your specific justification for expedited processing:

The bicyclist is injured and requesting prompt claim handling.

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Janine Kirk
Great West Casualty

GREAT WEST CASUALTY COMPANY

The Difference is Service®

Janine Kirk, CPCU, AIC
Liability Adjuster - Boise, ID

T: 208.898.3622 | TF: 800.628.4415 x3622

Claims Address: P.O. Box 94 | South Sioux City, NE 68776

Claims Fax Number: 800.833.1851

www.gwccnet.com | j.kirk@gwccnet.com

Claim #K30926

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