

NOTE: This is interim

Approved For Release 2000/08/07 : CIA-RDP96-00788R000500660004-2

SESSION: DC-17
VIEWER: 01
TARGET: 8038
DATE: T-600

also attached. wpu

Boxes are provided to the right of each question. Only one box should be checked for each question asked. If you have any comments which you would like to make emphasizing the accuracy of the information or with reference to any information not generally covered in this format, please write them on the reverse of this page.

Response to Tasking

Responses*

Does information provided satisfy your intelligence collection requirement?

☐ YES ☒ IN PART ☐ NO

Accuracy

Geographical location (terrain, water, river, etc.)

☐ YES ☐ IN PART ☐ NO

Large scale man-made objects (docks, silos, buildings, etc.)

☐ YES ☐ IN PART ☐ NO

Small scale man-made objects (tanks, computers, antennas, etc.)

☐ YES ☐ IN PART ☐ NO

Target ambience (research, production, administration, troop movement, etc.)

☐ YES ☐ IN PART ☐ NO

Activity (nuclear testing, CBR, SIGINT monitoring, etc.)

☐ YES ☐ IN PART ☐ NO

Personality (Physical, plans, actions, traits, etc.)

☐ YES ☐ IN PART ☐ NO

UNKNOWN

Utility

Please check which best describes the utility of the information provided (in view of what is known at this time, understanding that additional information could raise or lower such an interim assessment at a later date)

☐ VERY USEFUL

☐ USEFUL

☒ MARGINAL ONLY BECAUSE WE LACK CONFIRMATORY INFO.

☐ NONE

☒ CANNOT BE DETERMINED AT THIS TIME

*YES - indicates a full agreement with what is known to be fact about the target. NO - indicates a total lack of agreement with what is known to be fact about the target.

Additional tasking

Is additional tasking required?
(If yes, please write what that tasking
is on the back of the form)

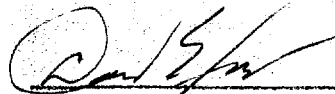
☐ YES ☒ NO

Did the attached information add to
information derived from other intell-
igence sources?

☒ YES ☐ NO

Did the attached information aid in tasking
other intelligence resources by providing
targeting information?

☐ YES ☒ NO



(Signed) SIGNATURE

DAVID E. CREW, LTC

(Printed) NAME, GRADE

Deputy For Ops, USAOG

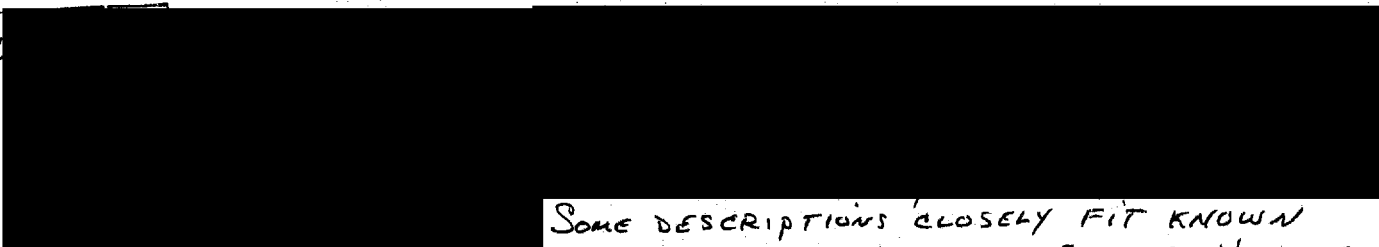
(Printed) TITLE, or OFFICE

SG1A

COMMENTS

SG1A

(S/NOFORM)



SOME DESCRIPTIONS CLOSELY FIT KNOWN
FACILITIES OR CIRCUMSTANCES ENCOUNTERED BY THE SUBJECT. HOWEVER,
A TOTAL ~~ANALYSIS~~ ANALYSIS AND EVALUATION CAN NOT BE RENDERED UNTIL
RECOVERY OF SUBJECT AND SUBSEQUENT DETAILED DEBRIEFING.

POSSIBLE RELATIONSHIPS BETWEEN VIEWER DESCRIPTIONS AND REALITY:

1. DESCRIPTION OF BOXES AND GRID LIKE PATTERN COULD REFER TO
AIR FREIGHT TIED DOWN WITH WEBBING STRAP INSIDE AN AIRCRAFT.
TUNNEL EFFECT COULD BE INSIDE AN AIRCRAFT. SUBJECT DID HOLD
NUMEROUS CONVERSATIONS WITH AIR FREIGHT PERSONNEL WHILE IN ROME.
2. DESCRIPTION OF "CRAGGY AND ROUGH, AND HIGH HILLS" APPROPRIATELY
DESCRIBES THE ~~LAND~~ LANDSCAPE OF ITALY.
3. DESCRIPTION OF SUBJECT AS BEING "TENSE" ON THE 2ND DAY
HE ENTERED TRAIN ON "THE SECOND DAY".

(OVER)

THIS REPORT REQUIRES MORE TIME FOR ANALYSIS ONCE SUBJECT RETURNS.

1. CUSTOMER OFFICE <i>USA09</i>		2. INFORMATION REQUESTED DATE YEAR MONTH DAY <i>1980</i>	
3. TARGET COUNTRIES <i>IRAN</i>	4. PROJECT NUMBER <i>2130A</i>	5. SOURCE NUMBER <i>NFN 240317</i>	
6. NUMBER REPORTS SUBMITTED FOR PROJECT		7. REPORT IDENTIFICATION NUMBERS	
8. REFERENCES A. REQUIREMENTS (CITE) _____ (ICR/CIR/DIRM 3/DIRM 9) <input type="checkbox"/> B. INITIATIVE REPORT <i>NA</i>		9. REASON FOR EVALUATION (select one) <input type="checkbox"/> A. ICR RESPONSE <input checked="" type="checkbox"/> B. COLLECTORS REQUEST <input type="checkbox"/> C. SELECTED BY ANALYST	
10. VALUE OF INFORMATION (select one) <input type="checkbox"/> A. OF MAJOR SIGNIFICANCE <input checked="" type="checkbox"/> B. OF VALUE <input type="checkbox"/> C. OF NO VALUE		11. TYPES OF PRODUCTS TO BENEFIT FROM USE OF REPORTED INFORMATION <input type="checkbox"/> A. BASIC INTELLIGENCE <input type="checkbox"/> B. CURRENT INTELLIGENCE <input checked="" type="checkbox"/> C. ESTIMATIVE INTELLIGENCE <input type="checkbox"/> D. S&T INTELLIGENCE	
12. REASON INFORMATION IS OF NO VALUE (select one only) <input checked="" type="checkbox"/> A. TOO FRAGMENTARY <input type="checkbox"/> B. DUPLICATIVE <input type="checkbox"/> C. UNTIMELY <input type="checkbox"/> D. NOT RESPONSIVE TO TASKING CITED		13. DEGREE OF REQUIREMENT SATISFACTION (select one only) <input type="checkbox"/> A. COMPLETELY SATISFIED <input checked="" type="checkbox"/> B. PARTIALLY SATISFIED <input type="checkbox"/> C. NOT SATISFIED AT ALL	
14. NAME OF PRODUCT(S)			
15. COLLECTION GUIDANCE (Mandatory unless 13A, above, is checked) <i>Report would have been of more value if names of places or locations could have been obtained.</i>			
SG1A			

US Embassy. Some descriptions provided closely fit known facilities or circumstances encountered by Subject. Description of boxes and grid like patterns could well refer to air freight tied down with webbing straps inside of aircraft. Tunnel effect could be made of aircraft. Description of Subject

~~SECRET~~

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(remarks continued)

*being trace on 2nd day, well describes
how subject felt on nothing gran.
Report helpful since it supports
subject's itinerary as he related same.*

17. FOREIGN DISCLOSURE DATA

A. EVALUATORS RECOMMENDATION
(select one only)

- ☐ RELEASABLE EVALUATION NOT REQUESTED
☒ EVALUATION IS NOT RELEASABLE
☐ PARA(S) _____, ABOVE, IS/ARE
 RELEASABLE TO THE GOVT(S) OF _____

B. FOREIGN DISCLOSURE AUTHORITY DECISION
(select one only)

- ☒ EVALUATION IS NOT RELEASABLE
☐ NON-CAVEATED PORTIONS OF THIS EVAL, AS
 INDICATED, MAY BE REL TO THE AUTH REPS
 OF THE GOVT(S) OF _____
 AT THE DISCRETION OF THE ORIGINATOR.

18. EVALUATOR'S NAME

ALBERT J. BARI

19. EVALUATOR'S OFFICE
SYMBOL

IAGPC-OP

20. SECURITY INSTRUCTIONS
(DOWNGRADING, DECLASSIFICATION,
AND SPECIAL MARKINGS)

21. DATE EVALUATED

10 JUNE 1981

YEAR

MONTH

DAY

1981

JUNE

10

22. ORIGINATOR OF REQUEST FOR INFORMATION

USAOG

23. (Signature of evaluator)

Albert Bari

~~SECRET~~

SECURITY CLASSIFICATION

SESSION: DC -17
VIEWER: 01
SUBJECT: 8038
TAPE: T-600

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SGFOIA3

[REDACTED]

SG11
(Signed) SIGNATURE

[REDACTED]

(Printed) NAME, GRADE

Asst Ops Officer, USAOG

(Printed) TITLE, or OFFICE