

SESSION: DC-18  
 VIEWER: #10.5  
 TAPE: T-601

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  UNKNOWN

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

- YES     IN PART  NO  UNKNOWN

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

- YES     IN PART  NO

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

- YES     IN PART  NO

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  
 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.

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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

*Albert J. Bari*  
ALBERT J. BARI

(Signed) SIGNATURE

ALBERT J. BARI, GS-13

(Printed) NAME, GRADE

ASST OPS OFFICER, USAOG

(Printed) TITLE, or OFFICE

Approved For Release 2000/08/07 : CIA-RDP96-00788R000500680002-2

1. CUSTOMER OFFICE <i>USADG</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)

*More definitive information would have been of more value. names & locations of persons would have increased the usefulness of acquired information. A great deal of the provided input cannot be evaluated since it lacked details.*

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17. FOREIGN DISCLOSURE DATA		
A. EVALUATORS RECOMMENDATION (select one only)		B. FOREIGN DISCLOSURE AUTHORITY DECISION (select one only)
<input checked="" type="checkbox"/> RELEASABLE EVALUATION NOT REQUESTED <input type="checkbox"/> EVALUATION IS NOT RELEASABLE <input type="checkbox"/> PARA(S) _____, ABOVE, IS/ARE RELEASABLE TO THE GOVT(S) OF _____		<input checked="" type="checkbox"/> EVALUATION IS NOT RELEASABLE <input type="checkbox"/> 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	19. EVALUATOR'S OFFICE SYMBOL	20. SECURITY INSTRUCTIONS (DOWNGRADING, DECLASSIFICATION, AND SPECIAL MARKINGS)
<i>ALBERT J. BARI</i>		
21. DATE EVALUATED		22. ORIGINATOR OF REQUEST FOR INFORMATION
YEAR	MONTH	DAY
<i>1981</i>	<i>JUNE</i>	<i>10</i>
		23. (Signature of evaluator) <i>Albert J. Bari</i>