

~~SECRET~~

PROJECT EVALUATION FEEDBACK

PROJECT NO. _____
 DATE OF PROJECT _____

SG1J

The following is an evaluation form for the project you reviewed. Please complete this form and return to [redacted] Chief, Technology Assessment and Support Activity.

A. Is the information accurate? (Circle response)

<u>Categories</u>	Source <u>A</u>	Source <u>B</u>	Source <u>C</u>
Yes (true)	(1)	(1)	(1)
May be true	(2)	(2)	(2)
Possibly true	(3)	(3)	(3)
No	(4)	(4)	(4)
Possibly not true	(5)	(5)	(5)
Unsure	(6)	(6)	(6)

B. What is value of the Source(s)' information? (Circle response)

Major significance	(1)	(1)	(1)
High value	(2)	(2)	(2)
Of value	(3)	(3)	(3)
Low value	(4)	(4)	(4)
No value	(5)	(5)	(5)

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Enclosure 2

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SESSION INFORMATION

- A. TARGET DATA:
Date: 25 May 94
Task/Target Number: 94-242-0
Session Number: 01
- B. PERSONNEL DATA:
Source Number: 079/C
Monitor Number:
Beacon/Sender No:
- C. SESSION DATA:
Session Start Time:
Session Stop Time:
Method Used:
Aids/Distractions (PIs):
Pre-sessions Hunches:
Date Summary Returned: 27 May 94
- D. EVALUATION DATA:
Viewer Confidence (H/M/L):
Evaluator's Estimate
- E. INFORMATION:

Activity consists of a drug vessel that is currently very active. The vessel is traveling in an eastern direction and is carrying contraband in the form of drugs. The vessel may recently have undergone structural repairs or may have this done in the near future. The vessel is considered medium to small in size and there are three or four individuals that are involved with the vessel at all time. One may be a female. The vessel may have been in the Caribbean at one time.