**User Request Form**

**(Affected area information)**

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| *To be filled by ODO*  Call ID | | | | |
| **1. Date and time** of the call | | **DAY** **27 MONTH (Spell)** **JUNE YEAR** **2014**    **TIME** **18H30 LOCAL TIME ZONE** **BRT UTC TIME****-3h** | | |
| **2. Name of the organization and caller** (to be used for call back)  Phone  Fax  Cellular phone  E-mail | | BRAZILIAN DISASTER AND RISK MANAGEMENT NATIONAL CENTRE - CENAD  +55 61 3214-0600  +55 61 3214-0600 Ext.  +55 61 9694-7647 Ext.  marcus.santos@integracao.gov.br | | |
| **3. Type of disaster** | | | | |
| earthquake | ice | | | ocean wave (tsunami) |
| fire | landslide | | | oil spill |
| flood | ocean storm (hurricane, cyclone, typhoon) | | | volcano |
| other (e.g. wind storm, tornado, industrial accident…) specify: dam collapse/failure | | | | |
| **4. Geographical location** | **5. Geographical Coordinates in Degrees, minutes, seconds** | | | |
| Region/Country name, approximate geographical location and surface extent.  Region/country name:SOUTHERN BRAZIL/SANTA CATARINA  Location  From  Ponte Serrada/SC  To  Arvoredo/SC  Extent (km2)  3000 | a) Center Point(s) in priority order  1. Lat 27° 4’ 26” S  Long 52° 27‘ 25” W  2. Lat 26° 57’ 35” S  Long 52° 20‘ 21” W  3. Lat 26° 54’ 24” S  Long 51° 55‘ 11” W  Please include any additional information on a separate page. | | b) Upper left  Lat 26° 48’ 0” S  Long 52° 33‘ 0” W  Lower right  Lat 27° 8’ 0” S  Long 51° 48’ 0” W | |
| **6. Approximate date/time** of  occurrence or predicted occurrence | Dam failure occurred at june 27th, around 14:30pm, caused by  heavy rains in the area, with expected flooding at Arvoredo/SC  city around 20:00 of the same day, local time. | | | |
| **7. Additional information** on the disaster | There are around 04 (four) dams downstream the failed one, with potential increase of the flooding effects and occurrence of flash floods in the area. | | | |
| **8. Additional instructions**  (shipping instructions) | Due to the emergency situation the images are needed in near real time. Download can be done via internet. | | | |
| *To be filled by ODO*  **Authorized User**  **Other** | | | | |

Authorized User/Cooperating Body: Fill the form as indicated above and fax it to +39-06-94-180 202. A completed form may additionally be sent as a backup via email to: charterops@disasterscharter.org.