**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 |
| [x]  flood | [ ]  ocean storm (hurricane, cyclone, typhoon) | [ ]  volcano |
|  [x]  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 CATARINALocation From Ponte Serrada/SCTo Arvoredo/SCExtent (km2) 3000 | a) Center Point(s) in priority order1. Lat 27° 4’ 26” S Long 52° 27‘ 25” W2. Lat 26° 57’ 35” S Long 52° 20‘ 21” W3. Lat 26° 54’ 24” S Long 51° 55‘ 11” WPlease include any additional information on a separate page. | b) Upper left Lat 26° 48’ 0” SLong 52° 33‘ 0” WLower right Lat 27° 8’ 0” SLong 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** [x]  **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.