



NFIRS-1 Basic

A

06001	GA	10	30	2021	Atlanta Fire Rescue Department Station 29 (29)	21076544	0
FDID	State	Month	Day	Year	Station	Number	Exposure

B Location Type

Census tract:

Street Address
 Intersection
 In Front Of
 Rear Of
 Adjacent To
 Directions
 US National Grid

1874		PIEDMONT		AVE-Avenue	NE-Northeast
Number	Prefix	Street or Highway		Street Type	Suffix

500	ATLANTA	GA	30324
Apt./Suite/Room	City	State	Zip Code

Cross Street

<p>C Incident Type</p> <p><input style="width: 100%;" type="text" value="321-EMS call, excluding vehicle accident with injury"/></p>	<p>E1 Dates and Times</p> <p>Alarm <input style="width: 20px;" type="text" value="10"/> <input style="width: 20px;" type="text" value="30"/> <input style="width: 20px;" type="text" value="2021"/> <input style="width: 40px;" type="text" value="07:49"/></p> <p>Arrival <input style="width: 20px;" type="text" value="10"/> <input style="width: 20px;" type="text" value="30"/> <input style="width: 20px;" type="text" value="2021"/> <input style="width: 40px;" type="text" value="08:05"/></p> <p>Controlled <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>Last Unit Cleared <input style="width: 20px;" type="text" value="10"/> <input style="width: 20px;" type="text" value="30"/> <input style="width: 20px;" type="text" value="2021"/> <input style="width: 40px;" type="text" value="08:19"/></p>	<p>E2 Shifts and Alarms</p> <p><input style="width: 20px;" type="text" value="A"/> <input style="width: 20px;" type="text" value=""/> <input style="width: 40px;" type="text" value="2904"/></p> <p>Shift or Platoon Alarms District</p>								
<p>D Aid Given Or Received</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 50%; text-align: center;"><input style="width: 100%;" type="text"/></td> <td style="width: 50%; text-align: center;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td style="text-align: center;">Their FDID</td> <td style="text-align: center;">Their State</td> </tr> <tr> <td colspan="2" style="text-align: center;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td colspan="2" style="text-align: center;">Their Incident Number</td> </tr> </table> <p> <input type="checkbox"/> 1 Mutual Aid Received <input type="checkbox"/> 2 Auto. Aid Received <input type="checkbox"/> 3 Mutual Aid Given <input type="checkbox"/> 4 Auto. Aid Given <input type="checkbox"/> 5 Other Aid Given <input checked="" type="checkbox"/> None </p>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Their FDID	Their State	<input style="width: 100%;" type="text"/>		Their Incident Number			<p>E3 Special Studies</p> <p><input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/></p> <p>ID# Value</p>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>									
Their FDID	Their State									
<input style="width: 100%;" type="text"/>										
Their Incident Number										

F Actions Taken <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">32-Provide basic life support (BLS)</div> Primary Action Taken	G1 Resources <input checked="" type="checkbox"/> Apparatus or Personnel Module is used. <table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Apparatus</td> <td style="text-align: center;">Personnel</td> </tr> <tr> <td>Suppression</td> <td style="border: 1px solid black; text-align: center;">1</td> <td style="border: 1px solid black; text-align: center;">3</td> </tr> <tr> <td>EMS</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td>Other</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> </table> <input type="checkbox"/> Resource counts include aid received resources.		Apparatus	Personnel	Suppression	1	3	EMS	0	0	Other	0	0	G2 Estimated Dollar Losses and Values Losses: Required for all fires if known. Optional for all non-fires. <table style="width:100%; border-collapse: collapse;"> <tr> <td>Property: \$</td> <td style="border: 1px solid black; width: 100px;"></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Contents: \$</td> <td style="border: 1px solid black;"></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> </table> Pre-Incident Values: Optional <table style="width:100%; border-collapse: collapse;"> <tr> <td>Property: \$</td> <td style="border: 1px solid black; width: 100px;"></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> <tr> <td>Contents: \$</td> <td style="border: 1px solid black;"></td> <td style="text-align: right;"><input checked="" type="checkbox"/></td> </tr> </table>	Property: \$		<input checked="" type="checkbox"/>	Contents: \$		<input checked="" type="checkbox"/>	Property: \$		<input checked="" type="checkbox"/>	Contents: \$		<input checked="" type="checkbox"/>
	Apparatus	Personnel																								
Suppression	1	3																								
EMS	0	0																								
Other	0	0																								
Property: \$		<input checked="" type="checkbox"/>																								
Contents: \$		<input checked="" type="checkbox"/>																								
Property: \$		<input checked="" type="checkbox"/>																								
Contents: \$		<input checked="" type="checkbox"/>																								

Completed Modules <input type="checkbox"/> 2 - Fire <input type="checkbox"/> 3 - Structure Fire <input type="checkbox"/> 4 - Civilian Fire Cas. <input type="checkbox"/> 5 - Fire Service Cas. <input type="checkbox"/> 6 - EMS <input type="checkbox"/> 7 - HazMat <input type="checkbox"/> 8 - Wildland Fire <input type="checkbox"/> 9 - Apparatus <input type="checkbox"/> 10 - Personnel <input type="checkbox"/> 11 - Arson	H1 Casualties <input checked="" type="checkbox"/> None <table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">Deaths</td> <td style="text-align: center;">Injuries</td> </tr> <tr> <td>Fire Service</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> <tr> <td>Civilian</td> <td style="border: 1px solid black; text-align: center;">0</td> <td style="border: 1px solid black; text-align: center;">0</td> </tr> </table> H2 Detector Required for Confined Fires <input type="checkbox"/> 1 - Detector Alerted Occupants <input type="checkbox"/> 2 - Detector Did Not Alert Them <input type="checkbox"/> 3 - Unknown		Deaths	Injuries	Fire Service	0	0	Civilian	0	0	H3 Hazardous Materials Release <input type="checkbox"/> 1 - Natural Gas <input type="checkbox"/> 2 - Propane Gas <input type="checkbox"/> 3 - Gasoline <input type="checkbox"/> 4 - Kerosene <input type="checkbox"/> 5 - Diesel Fuel / Fuel Oil <input type="checkbox"/> 6 - Household Solvents <input type="checkbox"/> 7 - Motor Oil <input type="checkbox"/> 8 - Paint <input type="checkbox"/> 0 - Other <input checked="" type="checkbox"/> None	I Mixed Use Property <input type="checkbox"/> Not Mixed <input type="checkbox"/> 10 - Assembly Use <input type="checkbox"/> 20 - Education Use <input type="checkbox"/> 33 - Medical Use <input type="checkbox"/> 40 - Residential Use <input type="checkbox"/> 51 - Row Of Stores <input type="checkbox"/> 53 - Enclosed Mall <input type="checkbox"/> 58 - Business and Residential <input type="checkbox"/> 59 - Office Use <input type="checkbox"/> 60 - Industrial Use <input type="checkbox"/> 63 - Military Use <input type="checkbox"/> 65 - Farm Use <input type="checkbox"/> 00 - Other Mixed Use
	Deaths	Injuries										
Fire Service	0	0										
Civilian	0	0										

J Property Use <input type="checkbox"/> None Structures 131 <input type="checkbox"/> Church, Place of Worship 161 <input type="checkbox"/> Restaurant or Cafeteria 162 <input type="checkbox"/> Bar/Tavern or Nightclub 213 <input type="checkbox"/> Elementary School, Kindergarten 215 <input type="checkbox"/> High School, Junior High 241 <input type="checkbox"/> College, Adult Education 311 <input type="checkbox"/> Nursing Home 331 <input type="checkbox"/> Hospital	341 <input type="checkbox"/> Clinic, Clinic-Type Infirmary 342 <input type="checkbox"/> Doctor/Dentist Office 361 <input type="checkbox"/> Prison or Jail, Not Juvenile 419 <input type="checkbox"/> 1- or 2-Family Dwelling 429 <input type="checkbox"/> MultiFamily Dwelling 439 <input type="checkbox"/> Rooming/Boarding House 449 <input type="checkbox"/> Commerical Hotel or Motel 459 <input type="checkbox"/> Residential, Board and Care 464 <input type="checkbox"/> Dormitory/Barracks 519 <input type="checkbox"/> Food and Beverage Sales	539 <input type="checkbox"/> Household Goods, Sales, Repairs 571 <input type="checkbox"/> Gas or Service Station 579 <input type="checkbox"/> Motor Vehicle/Boat Sales/Repairs 599 <input type="checkbox"/> Business Office 615 <input type="checkbox"/> Electric-Generating Plant 629 <input type="checkbox"/> Laboratory/Science Laboratory 700 <input type="checkbox"/> Manufacturing Plant 819 <input type="checkbox"/> Livestock/Poultry Storage (Barn) 882 <input type="checkbox"/> Non-Residential Parking Garage 891 <input type="checkbox"/> Warehouse
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Outside 124 <input type="checkbox"/> Playground or Park 655 <input type="checkbox"/> Crops or Orchard 669 <input type="checkbox"/> Forest (Timberland) 807 <input type="checkbox"/> Outdoor Storage Area 919 <input type="checkbox"/> Dump or Sanitary Landfill 931 <input type="checkbox"/> Open Land or Field 936 <input type="checkbox"/> Vacant Lot	938 <input type="checkbox"/> Graded/Cared for Plot of Land 946 <input type="checkbox"/> Lake, River, Stream 951 <input type="checkbox"/> Railroad Right-of-Way 960 <input type="checkbox"/> Other Street 961 <input type="checkbox"/> Highway/Divided Highway 962 <input type="checkbox"/> Residential Street/Driveway 981 <input type="checkbox"/> Construction Site 984 <input type="checkbox"/> Industrial Plant Yard	Property Use: <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">340-Clinics, doctors offices, hemodialysis cntr, other</div> Description Look up and enter a Property Use code and description only if you have NOT checked a Property Use box.
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K2				
Owner				
Local Option	Person/Entity Type	Business Name (if applicable)	Phone Number	
Mr., Ms., Mrs.	First Name	MI	Last Name	Suffix
Number	Prefix	Street or Highway	Street Type	Suffix
Post Office Box	Apt./Suite/Room		City	
State	Zip Code			

L Remarks:

E29 arrived on scene to find 1 F pt on scene AOX4 seated upright in a wheelchair with signs of pain with sign of hemorrhage on scene. E29 investigates the pt taking baseline vital signs and monitors the pt condition while awaiting the arrival of Grady 7779 on scene. Upon the arrival of Grady the pt advised that she does not wish to transport to the hospital. E29 cancels Grady and receives pt refusal documentation of the pt on scene. E29 terminates command and returns back to service.

M Authorization

Officer In Charge ID	Signature	Position or Rank	Assignment	Date
30710	Jones, Thomas	LT	E29	10/31/2021
Member Making Report ID	Signature	Position or Rank	Assignment	Date
30710	Jones, Thomas	LT	E29	10/31/2021

NFIRS-2 Fire

A	06001	GA	10	30	2021	Atlanta Fire Rescue Department Station 29 (29)	21076544	0
	FDID	State	Month	Day	Year	Station	Number	Exposure

<p>B</p> <p>Property Details</p> <p>B1 <input type="text"/> <input type="checkbox"/> Not Residential <small>Estimated number of residential living units in the building of origin whether or not all units became involved</small></p> <p>B2 <input type="text"/> <input type="checkbox"/> Buildings Not Involved <small>Number of buildings involved</small></p> <p>B3 <input type="text"/> <input checked="" type="checkbox"/> None <input type="checkbox"/> Less than 1 acre <small>Acres burned (outside fires)</small></p>	<p>C</p> <p>On-Site Materials Or Products</p> <p>On-Site Materials Storage Use</p>
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<p>D</p> <p>Ignition</p> <p>D1 <input type="text"/> <small>Area of Fire Origin</small></p> <p>D2 <input type="text"/> <small>Heat Source</small></p> <p>D3 <input type="text"/> <small>Item First Ignited</small></p> <p>D4 <input type="text"/> <small>Type of Material First Ignited</small></p>	<p>E1</p> <p>Cause of Ignition</p> <p><input type="checkbox"/> 1 - Intentional <input type="checkbox"/> 2 - Unintentional <input type="checkbox"/> 3 - Failure of Equipment or Heat Source <input type="checkbox"/> 4 - Act of Nature <input type="checkbox"/> 5 - Cause Under Investigation <input type="checkbox"/> U - Cause Undetermined After Investigation</p> <hr/> <p>E2</p> <p>Factors Contributing to Ignition</p>	<p>E3</p> <p>Human Factors Contributing to Ignition</p> <p><small>Check all applicable boxes</small></p> <p><input checked="" type="checkbox"/> None <input type="checkbox"/> 1 - Asleep <input type="checkbox"/> 2 - Possibly impaired by alcohol or drugs <input type="checkbox"/> 3 - Unattended person <input type="checkbox"/> 4 - Possibly Mentally Disabled <input type="checkbox"/> 5 - Physically Disabled <input type="checkbox"/> 6 - Multiple Persons Involved</p> <hr/> <p><input type="checkbox"/> 7 - Age Was A Factor</p> <p><small>Estimated Age of Person Involved</small> <input type="text"/></p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p>
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<p>F1</p> <p>Equipment Involved In Ignition</p> <p><input checked="" type="checkbox"/></p> <p><input type="text"/> <small>Equipment Involved</small></p> <p>Brand <input type="text"/> Model <input type="text"/> Serial # <input type="text"/> Year <input type="text"/></p>	<p>F2</p> <p>Equipment Power Source</p> <p><input checked="" type="checkbox"/></p> <p><input type="text"/> <small>Equipment Power Source</small></p> <hr/> <p>F3</p> <p>Equipment Portability</p> <p><input type="checkbox"/> 1 - Portable <input type="checkbox"/> 2 - Stationary <small>Portable equipment normally can be moved by one or two persons.</small></p>	<p>G</p> <p>Fire Suppression Factors</p>
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<p>H1</p> <p>Mobile Property Involved</p> <p><input type="checkbox"/> 1 - Not involved in ignition, but burned</p> <p><input type="checkbox"/> 2 - Involved in ignition, but did not burn</p> <p><input type="checkbox"/> 3 - Involved in ignition and burned</p> <p><input checked="" type="checkbox"/> None</p>	<p>H2</p> <p>Mobile Property Type and Make</p> <p><input type="text"/></p> <p>Mobile Property Type</p> <p><input type="text"/></p> <p>Mobile Property Make</p>	<p>Local Use</p> <p><input type="checkbox"/> Pre-Fire Plan Available</p> <p><input type="checkbox"/> Arson Report Attached</p> <p><input type="checkbox"/> Police Report Attached</p> <p><input type="checkbox"/> Coroner Report Attached</p> <p><input type="checkbox"/> Other Reports Attached</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Mobile Property Model</p> <p><input type="text"/></p>		<p>Year</p> <p><input type="text"/></p>
<p>State</p> <p><input type="text"/></p>	<p>License Plate Number</p> <p><input type="text"/></p>	<p>VIN</p> <p><input type="text"/></p>

NFIRS-3 Structure Fire

I1 Structure Type <input type="checkbox"/> 1 - Enclosed Building <input type="checkbox"/> 2 - Portable/Mobile Structure <input type="checkbox"/> 3 - Open Structure <input type="checkbox"/> 4 - Air-Supported Structure <input type="checkbox"/> 5 - Tent <input type="checkbox"/> 6 - Open Platform <input type="checkbox"/> 7 - Underground Structure <input type="checkbox"/> 8 - Connective Structure <input type="checkbox"/> 0 - Other	I2 Building Status <input type="checkbox"/> 1 - Under Construction <input type="checkbox"/> 2 - In Normal Use <input type="checkbox"/> 3 - Idle, Not Routinely Used <input type="checkbox"/> 4 - Under Major Renovation <input type="checkbox"/> 5 - Vacant and Secured <input type="checkbox"/> 6 - Vacant and Unsecured <input type="checkbox"/> 7 - Being Demolished <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined	I3 Building Height <div style="border: 1px solid black; width: 20px; height: 15px; margin-bottom: 5px;"></div> Number of Stories At/Above Grade <div style="border: 1px solid black; width: 20px; height: 15px; margin-bottom: 5px;"></div> Number of Stories Below Grade	I4 Main Floor Size <div style="border: 1px solid black; width: 40px; height: 15px; margin-bottom: 5px;"></div> Total Square Feet <p style="text-align: center;">OR</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 15px; margin-right: 5px;"></div> BY <div style="border: 1px solid black; width: 20px; height: 15px; margin-left: 5px; margin-right: 5px;"></div> </div> Length (ft) X Width (ft)
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J1 Fire Origin <div style="border: 1px solid black; width: 20px; height: 15px; margin-bottom: 5px;"></div> <input type="checkbox"/> Below Grade Story of Fire Origin	J3 Number of Stories Damaged By Flame <div style="border: 1px solid black; width: 20px; height: 15px; margin-bottom: 5px;"></div> Number of Stories w/Minor Damage (1-24%) <div style="border: 1px solid black; width: 20px; height: 15px; margin-bottom: 5px;"></div> Number of Stories w/Significant Damage (25-49%) <div style="border: 1px solid black; width: 20px; height: 15px; margin-bottom: 5px;"></div> Number of Stories w/Heavy Damage (50-74%) <div style="border: 1px solid black; width: 20px; height: 15px; margin-bottom: 5px;"></div> Number of Stories w/Extreme Damage (75-100%) *Count the roof as part of the highest story	K Type of Material Contributing Most to Flame Spread K1 <div style="border: 1px solid black; width: 20px; height: 15px; margin-right: 5px;"></div> Item Contributing Most to Flame Spread K2 <div style="border: 1px solid black; width: 20px; height: 15px; margin-right: 5px;"></div> Type of Material Contributing Most To Flame Spread
J2 Fire Spread <input type="checkbox"/> Confined to Object of Origin <input type="checkbox"/> 2 - Confined to Room of Origin <input type="checkbox"/> 3 - Confined to Floor of Origin <input type="checkbox"/> 4 - Confined to Building of Origin <input type="checkbox"/> 5 - Beyond Building of Origin		

L1 Presence of Detectors <input type="checkbox"/> N - None Present <input type="checkbox"/> 1 - Present <input type="checkbox"/> U - Undetermined	L3 Detector Power Supply <input type="checkbox"/> 1 - Battery Only <input type="checkbox"/> 2 - Hardwire Only <input type="checkbox"/> 3 - Plug-In <input type="checkbox"/> 4 - Hardwire With Battery <input type="checkbox"/> 5 - Plug-In With Battery <input type="checkbox"/> 6 - Mechanical <input type="checkbox"/> 7 - Multiple Detectors & Power Supplies <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined	L5 Detector Effectiveness <input type="checkbox"/> 1 - Alerted Occupants, Occupants Responded <input type="checkbox"/> 2 - Alerted Occupants, Occupants Failed to Respond <input type="checkbox"/> 3 - There Were No Occupants <input type="checkbox"/> 4 - Failed to Alert Occupants <input type="checkbox"/> U - Undetermined
L2 Detector Type <input type="checkbox"/> 1 - Smoke <input type="checkbox"/> 2 - Heat <input type="checkbox"/> 3 - Combination of Smoke and Heat <input type="checkbox"/> 4 - Sprinkler, Water Flow Detection <input type="checkbox"/> 5 - More Than One Type Present <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined	L4 Detector Operation <input type="checkbox"/> 1 - Fire Too Small To Activate <input type="checkbox"/> 2 - Operated <input type="checkbox"/> 3 - Failed To Operate <input type="checkbox"/> U - Undetermined	L6 Detector Failure Reason <input type="checkbox"/> 1 - Power Failure, Shutoff, or Disconnect <input type="checkbox"/> 2 - Improper Installation or Placement <input type="checkbox"/> 3 - Defective <input type="checkbox"/> 4 - Lack of Maintenance, Dirty <input type="checkbox"/> 5 - Battery Missing or Disconnected <input type="checkbox"/> 6 - Battery Discharged or Dead <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined

<p>M1</p> <p>Presence of Automatic Extinguishing System</p> <p><input type="checkbox"/> N - None Present <input type="checkbox"/> 1 - Present <input type="checkbox"/> 2 - Partial System Present <input type="checkbox"/> U - Undetermined</p>	<p>M3</p> <p>Operation of Automatic Extinguishing System</p> <p><input type="checkbox"/> 1 - Operated/Effective <input type="checkbox"/> 2 - Operated/Not Effective <input type="checkbox"/> 3 - Fire Too Small To Activate <input type="checkbox"/> 4 - Failed To Operate <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined</p> <p>Required if fire was within designed range</p>	<p>M5</p> <p>Reason for Automatic Extinguishing System Failure</p> <p><input type="checkbox"/> 1 - System Shut Off <input type="checkbox"/> 2 - Not Enough Agent Discharged <input type="checkbox"/> 3 - Agent Discharged But Did Not Reach Fire <input type="checkbox"/> 4 - Wrong Type of System <input type="checkbox"/> 5 - Fire Not In Area Protected <input type="checkbox"/> 6 - System Components Damaged <input type="checkbox"/> 7 - Lack of Maintenance <input type="checkbox"/> 8 - Manual Intervention <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined</p> <p>Required if system failed or not effective</p>
<p>M2</p> <p>Type of Automatic Extinguishing System</p> <p><input type="checkbox"/> 1 - Wet-Pipe Sprinkler <input type="checkbox"/> 2 - Dry-Pipe Sprinkler <input type="checkbox"/> 3 - Other Sprinkler System <input type="checkbox"/> 4 - Dry Chemical System <input type="checkbox"/> 5 - Foam System <input type="checkbox"/> 6 - Halogen-Type System <input type="checkbox"/> 7 - Carbon Dioxide System <input type="checkbox"/> 0 - Other <input type="checkbox"/> U - Undetermined</p> <p>Required if fire was within designed range of AES</p>	<p>M4</p> <p>Number of Sprinkler Heads Operating</p> <p><input type="text"/></p> <p>Required if system operated</p>	

NFIRS-1S Supplemental

A

06001	GA	10	30	2021	Atlanta Fire Rescue Department Station 29 (29)	21076544	0
FDID	State	Month	Day	Year	Station	Number	Exposure

Primary Narrative:

E29 arrived on scene to find 1 F pt on scene AOX4 seated upright in a wheelchair with signs of pain with sign of hemorrhage on scene. E29 investigates the pt taking baseline vital signs and monitors the pt condition while awaiting the arrival of Grady 7779 on scene. Upon the arrival of Grady the pt advised that she does not wish to transport to the hospital. E29 cancels Grady and receives pt refusal documentation of the pt on scene. E29 terminates command and returns back to service.