

IAIABC Release 3 148 Record for Alabama First Report of Injury Form

IAIABC REL 3 (148-RCD)			COMMENTS	AL FIRST REPORT OF INJURY (FROI)		
148-POS	148-LEN	148-DN		FLD	FIELD DESCRIPTIONS	LGTH
001-003	3 A/N	DN0001	Transaction Set ID 148			
004-005	2 A/N	DN0002	Maintenance Type Code 00			
006-013	8 A/N	DN0003	Maintenance Type Code Date CCYYMMDD			
014-015	2 A/N	DN0004	Jurisdiction Code AL			
016-040	25 A/N		Filler			
041-049	9 A/N	DN0006		19	Insurer Federal ID Number	9 A/N
050-178	129 A/N		Filler			
179-193	15 A/N	DN0012		24	Filing Office Mailing City	15 A/N
194-195	2 A/N	DN0013		25	Filing Office Mailing State	2 A/N
196-204	9 A/N	DN0014		26	Filing Office Mailing Zip	9 A/N
205-229	25 A/N	DN0015		02	Filing Office Claim Number	25 A/N
230-238	9 A/N	DN0016		15	Employer Federal ID Number	9 A/N
239-358	120 A/N		Filler			
359-373	15 A/N	DN0021		07	Employer Physical City	15 A/N
374-375	2 A/N	DN0022		08	Employer Physical State	2 A/N
376-384	9 A/N	DN0023		09	Employer Physical Zip	9 A/N
385-385	1 A/N		Filler			
386-391	6 A/N	DN0025		17	Employer NAICS	6 A/N
392-462	71 A/N		Filler			71 A/N
463-470	8 N	DN0031		51	Date of Injury	8 N
471-474	4 N	DN0032		52	Time of Injury	4 N
475-483	9 A/N	DN0033		59	Accident Site Zip	9 A/N
484-484	1 A/N		Filler			
485-486	2 A/N	DN0035		64	Nature of Injury Code	2 A/N
487-488	2 A/N	DN0036		65	Part of Body Code	2 A/N
489-490	2 A/N	DN0037		66	Cause of Injury Code	2 A/N
491-640	152 A/N		Filler			
643-650	8 N	DN0040		62	Date Employer Notified	8 N
651-697	47 A/N		Filler			
698-712	15 A/N	DN0044		28	Employee First Name	15 A/N
713-773	61 A/N		Filler			
774-788	15 A/N	DN0048		36	Employee Mailing City	15 A/N
789-790	2 A/N	DN0049		37	Employee Mailing State	2 A/N
791-799	9 A/N	DN0050		38	Employee Mailing Zip	50 A/N
800-809	10 A/N		Filler			
810-817	8 A/N	DN0052		41	Employee Date of Birth	8 N
818-818	1 A/N	DN0053		40	Employee Gender	1 A/N

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148-POS	148-LEN	148-DN		FLD	FIELD DESCRIPTIONS	LGTH
819-819	1 A/N	DN0054		43	Employee Marital Status	1 A/N
820-821	2 N	DN0055		42	Employee Nbr of Dependents	2 N
822-829	8 N	DN0056		54	Date Disability Began	8 A/N
830-837	8 N	DN0057		55	Date of Death	8 N
838-873	36 A/N		Filler			
874-881	8 A/N	DN0061		44	Employee Date Hired	8 N
882-892	11 N	DN0062		47	Wages	11 N
893-894	2 A/N	DN0063		48	Wage Period	2 A/N
895-895	1 A/N	DN0064		46	Employee Nr Days Work Per Wk	1 A/N
896-903	8 A/N		Filler			
904-904	1 A/N	DN0066		49	Rec'd Full Pay For Day of Injury	1 A/N
905-905	1 A/N		Filler			
906-913	8 A/N	DN0068		75	Returned to Work Date	8 A/N