

**IAIABC Release 3 R21 Record for Alabama First Report of Injury Form**

IAIABC RELEASE 3 (R21-RCD)			COMMENTS	AL FIRST REPORT OF INJURY (FROI)		
R21-POS	R21-LEN	R21-DN		FLD	FIELD DESCRIPTIONS	LGTH
0001-0003	3 A/N	DN0001	Transaction Set ID <b>R21</b>			
0004-0023	20 A/N		Filler			
0024-0048	25 A/N	DN0015		02	Claims Administrator Claim Nbr	25 A/N
0049-0057	9 A/N	DN0187		27	Filing Office Federal ID Number	9 A/N
0058-0097	40 A/N	DN0188		21	Filing Office Name	40 A/N
0098-0147	50 A/N		Filler			
0148-0187	40 A/N	DN0010		22	Filing Office Mailing Address 1	40 A/N
0188-0227	40 A/N	DN0011		23	Filing Office Mailing Address 2	40 A/N
0228-0230	3 A/N		Filler			
0231-0231	1 A/N	DN0270		33	Type Employee ID Number	1 A/N
0232-0246	15 A/N	DN****		32	Employee ID Number	15 A/N
0247-0250	4 A/N	DN0255		31	Employee Last Name Suffix	4 A/N
0251-0252	2 A/N		Filler			
0253-0292	40 A/N	DN0043		30	Employee Last Name	40 A/N
0293-0307	15 A/N	DN0045		29	Employee Middle Name	15 A/N
0308-0347	40 A/N	DN0046		34	Employee Mailing Address 1	40 A/N
0348-0387	40 A/N	DN0047		35	Employee Mailing Address 2	40 A/N
0388-0390	3 A/N		Filler			
0391-0405	15 A/N	DN0051		39	Employee Phone	15 A/N
0406-0409	4 A/N		Filler			
0410-0410	1 A/N	DN0189		74	Has Injured Returned to Work	1 A/N
0411-0495	85 A/N		Filler			
0496-0535	40 A/N	DN0007		18	Insurer Name	40 A/N
0536-0536	1 A/N	DN0185		20	Insurer Type Code	1 A/N
0537-0577	41 A/N		Filler			
0578-0578	1 A/N	DN0249		61	Injury on Employer's Premises	1 A/N
0579-0598	20 A/N	DN0118		60	Accident Site County	20 A/N
0599-0698	100 A/N		Filler			
0699-0713	15 A/N	DN0121		57	Accident Site City	15 A/N
0714-0753	40 A/N	DN0122		56	Accident Site Address	40 A/N
0754-0755	2 A/N	DN0123		58	Accident Site State	2 A/N
0756-0767	12 A/N		Filler			
0768-0807	40 A/N	DN0018		04	Employer Business Name	40 A/N
0808-0822	15 A/N	DN0329		16	Employer U.C Account Number	15 A/N
0823-0862	40 A/N	DN0019		05	Employer Physical Address 1	40 A/N
0863-0902	40 A/N	DN0020		06	Employer Physical Address 2	40 A/N
0903-1100	198 A/N		Filler			
1101-1115	15 A/N	DN0165		12	Employer Mailing City	15 A/N
1116-1118	3 A/N		Filler			
1119-1127	9 A/N	DN0167		14	Employer Mailing Zip	9 A/N
1128-1167	40 A/N	DN0168		10	Employer Mailing Address 1	40 A/N
1168-1207	40 A/N	DN0169		11	Employer Mailing Address 2	40 A/N

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1208-1209	2 A/N	DN0170		13	Employer Mailing State	2 A/N
1210-1259	50 A/N		Filler			
1260-1309	50 A/N	DN0060		45	Employee Occupation Descrip.	50 A/N
1310-1484	175 A/N		Filler			
1485-1485	1 A/N	DN0273		50	Did Salary Continued	1 A/N
1486-1590	105 A/N		Filler			
1591-1592	2 N	DN0274	Number of Accident/Injury Description Narratives <b>00</b>			
1593-1594	2 N	DN0276	Number of Denial Reason Narratives <b>00</b>			
1595-1596	2 N	DN0277	Number of Full Denial Reason Codes <b>00</b>			
1597-1598	2 N	DN0278	Number of Managed Care Organizations <b>00</b>			
1599-1600	2 N	DN0279	Number of Witnesses <b>00</b>			
1601-2100	500 A/N	DN0038		63	Accident Description	500 A/N
2101-2777	677 A/N		Filler			

Revised 8/31/2007