Allocation Block Layout Choices

In order for the contents of any recovered files (except those under the CBR folder) to be good following a Thorough Scan, the correct ABL setting must be selected. In most cases, the first ABL setting listed is the correct one. So you only need to be concerned with this window if your recovered files won't open or contain garbage.

After doing a Thorough Scan, and before recovering a large number of files, you should recover and examine a few of the files first to make sure they open and contain reasonable contents rather than garbage. Data Rescue II makes this easy to do by allowing you to simply double-click a file in the recovery window to automatically recover and open it (Note: this feature is not available in Demo mode.) You should perform this test on several files anywhere under the main recovery folder (the one with the name of your device or volume). If most or all of the test files open OK, then the ABL (allocation block layout) choice is correct, and you should leave it as-is.

On the other hand, if your recovered files won't open or contain garbage contents, you should try one of the other ABL choices in this window. When Data Rescue performs a Thorough Scan, it has several algorithms it uses to find the most likely possibilities for the correct ABL settings, and it lists all the ones it finds in the ABL window. Normally, the first one listed is the correct one to use. Occasionally the correct choice will be one of the other possibilities. And occasionally, some files will require one setting while other files will require another setting.

Rarely, none of the ABL settings found by Data Rescue will be correct, in which case it will probably not be possible for you to recover your files under the main or Orphans folders. However files under the CBR folder are unaffected by the ABL setting, and should still be recoverable. If the files you are looking for are one of the types listed under the Scan Engine Preferences → File Modules, they may be present under the CBR folder.