



December 03, 2009

**"SAFETY RECALL NOTICE"**  
**NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION**  
**RECALL NO: 05V-255**

**Transportation Collaborative Inc; OBO US Bus Corporation School Bus**  
**TCI Recall #: 05V-255**

Vehicle VIN number:  
Customer Name:  
Customer Address:

This notice is sent to you in accordance with the requirements of the National Traffic and Motor Vehicle Safety Act.

Transportation Collaborative Inc. has decided that all Sturdibus and Universe School Buses manufactured by US Bus Corporation, model years 2003 thru 2005, fail to conform to Federal Motor Vehicle Safety Standard No. 222 "School Bus Passenger Seating and Crash Protection "

**What the safety concern is:**

The non-compliance relates to failure of the Forward Impact Barrier, manufactured by C.E. White Corporation, to absorb the required level of energy within the deflection range, as defined by Federal Motor Vehicle Safety Standard No. 222 "*School Bus Passenger Seating and Crash Protection*".

Specifically, during a vehicle crash, an occupant may collide with the Forward Impact Barrier. A compliant barrier will absorb the impact force in a manner which reduces the potential severity of injury to the vehicle occupant. A non-compliant barrier fails to meet the requirements for energy absorption as required by the standard and may result in severe injury or mortality to the vehicle occupant. There is no risk of injury to persons outside the vehicle, as a result of this non-compliance.

There is no visible distinction between a compliant and a non-compliant barrier, and no prior warning which indicates a non-compliance exist. All Forward Impact Barriers, as manufactured by C.E. White Corporation within the models years previously noted, are presumed to be non-compliant and must be updated to meet the requirements of Federal Motor Vehicle Standard 222.



7 LAKE STATION ROAD

WARWICK, NY 10990

PHONE: (845) 988-2333



### **The Remedy:**

Transportation Collaborative Inc. will affect repairs to your vehicle by the modification of the barrier core frame assembly. Specifically, the barrier cover and foam pack must be removed and the barrier frame assembly must have an additional weld placed at the inferior frame joint thereby strengthening the assembly.

The inspection and remedy procedure will be available to customers and TCI dealers no later than November 30, 2009.

There are no new parts require to affect this recall, all existing vehicle parts will be reused.

The expected out of service time necessary to affect repairs is 1.5 hours, however this may vary due to dealer service scheduling requirements.

### **What we are requesting you do:**

Transportation Collaborative is requesting that you (the end user), contact TCI at 845-988-0419 to arrange for inspection and repair by an authorized facility.

Upon completion of the vehicle inspection please have the prepaid response card filled out and sent back to Transportation collaborative:

TCI OBO US Bus Corporation  
Warranty Department  
7 Lake Station Road  
Warwick, NY 10990

### **Address or ownership change:**

Please notify us of any change of address or vehicle ownership. If you are the lesser of the above - mentioned vehicle, you must forward this letter to the lessee within ten (10) days of receipt of this letter.

### **What Transportation Collaborative will do for you?**

Transportation Collaborative Inc. will affect repairs relating to this recall, both parts and labor, at no cost to you the vehicle owner. Upon receipt of this notice contact TCI and we will arrange for you to take your vehicle to an authorized repair facility or you may perform the recall yourself. Please complete and return the enclosed response card, we will immediately ship the service repair procedure instructions to you directly or to an authorized repair facility.





If the repairs or modifications outlined by this notice have been performed prior to the receipt of this recall notification, complete the prepaid response card and the reimbursement form included with this letter with a copy of the work order or invoice to Transportation Collaborative Inc for reimbursement. TCI reimburses dealers, customers and authorized repair facilities within 30 days of the completed repair.

**If you have any questions:**

Transportation Collaborative Inc. customer service/warranty department will be happy to assist you with any questions.

For further information, please contact:

Jose Vazquez  
Transportation Collaborative Inc  
Warranty Department  
7 Lake Station Road  
Warwick New York 10990  
Phone 845-988-0419 Fax 845-988-0324  
E-mail: [jvazquez@transtechbus.com](mailto:jvazquez@transtechbus.com)

Transportation Collaborative Inc. has, in the interest of public safety and good will to the community, decided to conduct this recall on behalf of US Bus Corporation, the original manufacturer of your vehicle. All questions regarding this recall must be directed to Transportation Collaborative Inc, as noted in the body of this Recall Notice.

**If you have a complaint:**

If you have difficulties getting your vehicle repaired in a reasonable timeframe and without charge, please contact Transportation Collaborative Inc. customer service at 1-845-988-0419 or e-mail TCI at [jvazquez@transtechbus.com](mailto:jvazquez@transtechbus.com) for further assistance. Representatives are available Monday thru Friday 8:30am – 5:00pm (EST).

If you are still having difficulties getting your vehicle repaired in a reasonable time you may send your complaints to the Administrator, National Highway Traffic Safety Administration at 1200 New Jersey Avenue SE. Washington, and D. C. 20590 or call the toll-free Vehicle Safety Hotline at 1-888-327-4236 (TTY: 1-800-424-9153): or go to <http://www.safercar.gov> .

Thank you for your attention to this important matter, we regret any inconvenience this recall may have caused.

Sincerely,

Jose Vazquez  
Transportation Collaborative Inc.





## REQUEST FOR WARRANTY/RECALL REPAIR REIMBURSEMENT

7 Lake Station Road, Warwick New York 10990

FOR PROMPT ACTION, PLEASE FAX REQUEST TO (845) 988-0324

SEND ALL PAGES FOR REIMBURSEMENT

<b>WARRANTY/RECALL REPAIR REIMBURSEMENT REQUEST</b>
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<b>Distributor Name</b>	Address	City	State	Zip
Phone	FAX	E-Mail		

Vehicle Type: \_\_\_\_\_

<b>Body Job Number</b>	<b>VIN (all digits):</b>	<b>Odometer</b>	<b>Date of Request</b>
Customer Name:		Date of Manufacture	
Customer Address:		Date of Delivery	
City	State	Zip	Phone #      FAX

**Description of Defect or Complaint, Cause and Correction Requested**

Defect Code	Flat Rate Labor Hours	Labor Rate	Labor Cost	Sublet Shop Name	Attach copy of parts house invoice if not a TCI part.		
Part Number	Description	Quantity	Cost Each	Total Cost	Notes		

Disposition by Factory

Authorized By: \_\_\_\_\_

Denied By: \_\_\_\_\_

Date: \_\_\_\_\_

Total Parts: \_\_\_\_\_

Total Labor \_\_\_\_\_

Total Amt. Requested \_\_\_\_\_

Amount Denied \_\_\_\_\_



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