



December 14, 2009

"SAFETY RECALL NOTICE"
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
RECALL NO: 06V-443

Transportation Collaborative Inc; OBO US Bus Corporation School Bus
TCI Recall #: 06V-443

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 certain Sturdibus School Buses, model years 2000 thru 2006, manufactured with 35" CE White Barriers and Freedman Family Seats, 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 to meet the width requirements for seat compartmentalization, 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's physical width will be equal to or greater than the width of the passenger seat adjacent to the barrier, and will comply with compartmentalization as required by the standard. A non-compliant barrier is physically less than the width of the adjacent seat and fails to meet compartmentalization requirements, which may result in severe injury or mortality to the vehicle occupants. There is no risk of injury to persons outside the vehicle, as a result of this non-compliance.

The visible distinction between a compliant and a non-compliant barrier is evidenced by comparing the seat and the barrier width. To be compliant the width of the barrier must be equal to or greater than the width of the seat. There is no prior warning which indicates a non-compliance exists. All Forward Impact Barriers as previously noted are



7 LAKE STATION ROAD

WARWICK, NY 10990

PHONE: (845) 988-2333



presumed to be non-compliant and must be updated to meet the requirements of Federal Motor Vehicle Standard 222.

The Remedy:

Transportation Collaborative Inc. will affect repairs to your vehicle by the installation of new wider foam padding and a new cover for each barrier affected by this recall. The barrier mount and steel frame will remain unchanged.

The inspection and remedy procedure will be available to customers and TCI dealers no later than December 31, 2009.

Parts availability necessary to affect repairs for this recall is anticipated to be no later than December 31, 2009.

The expected out of service time necessary to affect repairs is 1 hour, 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 scheduling of the 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 the response card, we will immediately ship out the replacement parts to you directly, or to an authorized repair facility as directed by TCI. You may perform the recall yourself, or you may contact us and we will arrange for you to take your vehicle to an authorized repair facility.





If repairs or modifications outlined by this notice have been preformed 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

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 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

WARRANTY/RECALL REPAIR REIMBURSEMENT REQUEST

Distributor Name	Address	City	State	Zip
Phone	FAX	E-Mail		

Vehicle Type: _____

Body Job Number	VIN (all digits):	Odometer	Date of Request
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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