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OFFICE OF DEFECTS
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07V-024
(19 pages)

Safety Defect and Noncompliance Report Guide for Vehicles

PART 573 Defect and Noncompliance Report

On January 26, 2007 , DaimlerChrysler Commercial Buses North America (DCCBNA) decided that a safety related defect exists in the motor vehicles listed below, and is furnishing notification to the National Highway Traffic Safety Administration in accordance with 49 CFR Part 573 **Defect and Noncompliance Reports**.

Date this report was prepared: January 26, 2007

Furnish the manufacturer's identification code for this recall (if applicable): NHTSA recall # 06E-093

1. Identify the full corporate name of the fabricating manufacturer of the vehicle being recalled. If the recalled vehicle is imported, provide the name and **mailing address** of the designated agent as prescribed by 49 U.S.C. §30164.

ORION BUS INDUSTRIES

Identify the corporate official, by name and title, whom the agency should contact with respect to this recall.

Joe Labonte

Compliance and Safety Officer

Telephone Number: (905) 403-7807 Fax No.: (905)403-8808

Name and Title of Person who prepared this report.

Joe Labonte

Compliance and Safety Officer

DaimlerChrysler Commercial Buses North America



Signed: _____

I. Identify the Vehicle Models Involved in the Recall

2. Identify the Vehicles Involved in the Recall, *for each make and model or applicable vehicle line (provide illustrations or photographs as necessary to describe the vehicle), provide:*

Make(s): Orion Model Years Involved: 1987 – 1998 Model(s): I & V

Production Dates: Beginning: November 1987 Ending: April 1998

VIN Range: TBD

Vehicle Type: Bus Bodystyle: I, V

Descriptive information which characterizes/distinguishes the recalled vehicles from those model vehicles not included in the recall:

Vehicle model Orion I, and V

Identify the approximate percentage of the production of all the recalled models manufactured by your company between the inclusive dates of manufacture provided above, that the recalled model population represents. For example, if the recall involved Widgets equipped with certain items of equipment from January 1, 1996 through April 1, 1997, then what was the percentage of the recalled Widgets of all Widgets manufactured during that time period.

73% of the buses having the identified Wheelchair Lift installed.

II. Identify the Recall Population

3. Furnish the total number of vehicles recalled potentially containing the defect or noncompliance.

<u>Model</u>	<u>Year</u>	<u>Number of Vehicles Potentially Involved</u>
<u>I</u>	<u>1987-1993</u>	<u>1110</u>
<u>V</u>	<u>1990-1998</u>	<u>2527</u>

Total Number Potentially Affected by the Recall: 3637

4. Furnish the approximate percentage of the total number of vehicles estimated to actually contain the defect or noncompliance:

76%. See equipment manufacturer's Part 573 report related to NHTSA recall #06E-093

Identify and describe how the recall population was determined--in particular how the recalled models were selected and the basis for the beginning and final dates of manufacture of the recalled vehicles:

All buses manufactured having a supplier wheelchair lift as defined in the supplier's Part 573 report related to NHTSA recall #06E-093.

III. Describe the Defect or Noncompliance

5. Describe the defect or noncompliance. The description should address the nature and physical location of the defect or noncompliance. Illustrations should be provided as appropriate.

See equipment manufacturer's Part 573 report related to NHTSA recall #06E-093.

Describe the cause(s) of the defect or noncompliance condition.

See equipment manufacturer's Part 573 report related to NHTSA recall #06E-093.

Describe the consequence(s) of the defect or noncompliance condition.

See equipment manufacturer's Part 573 report related to NHTSA recall #06E-093.

Identify any warning which can (a) precede or (b) occur.

See equipment manufacturer's Part 573 report related to NHTSA recall #06E-093.

If the defect or noncompliance is in a component or assembly purchased from a supplier, identify the supplier by corporate name and address.

Lift-U division of Hogan MFG., Inc.
P.O. Box 398
Escalon, CA 95320

Identify the name and title of the chief executive officer or knowledgeable representative of the supplier:

Paul Reichmuth
General Manager

IV. Provide the Chronology in Determining the Defect/Noncompliance

If the recall is for a defect, complete item 6, otherwise item 7.

6. With respect to a defect, furnish a chronological summary (including dates) of all the principle events that were the basis for the determination of the defect. The summary should include, but not be limited to, the number of reports, accidents, injuries, fatalities, and warranty claims.

See equipment manufacturer's Part 573 report related to NHTSA recall #06E-093.

7. With respect to a noncompliance, identify and provide the test results or other data (in chronological order and including dates) on which the noncompliance was determined.

V. Identify the Remedy

8. Furnish a description of the manufacturer's remedy for the defect or noncompliance. Clearly describe the differences between the recall condition and the remedy.

See equipment manufacturer's Part 573 report related to NHTSA recall #06E-093.

Clearly describe the distinguishing characteristics of the remedy component/assembly versus the recalled component/assembly.

See equipment manufacturer's Part 573 report related to NHTSA recall #06E-093.

Identify and describe how and when the recall condition was corrected in production. If the production remedy was identical to the recall remedy in the field, so state. If the product was discontinued, so state.

See equipment manufacturer's Part 573 report related to NHTSA recall #06E-093.

VI. Identify the Recall Schedule

Furnish a schedule or agenda (with specific dates) for notification to other manufacturers, dealers/retailers, and purchasers. Please, identify any foreseeable problems with implementing the recall.

See equipment manufacturer's Part 573 report related to NHTSA recall #06E-093. Lift-U division of Hogan MFG., Inc. is administrating all matters regarding this recall on behalf of DCCBNA.

VII. Furnish Recall Communications

9. Furnish a final copy of all notices, bulletins, and other communications that relate directly to the defect or noncompliance and which are sent to more than one manufacturer, distributor, or purchaser. This includes all communications (including both original and follow-up) concerning this recall from the time your company determines the defect or noncompliance condition on, not just the initial notification. *A DRAFT copy of the notification documents should be submitted to this office by Fax (202-366-7882) for review prior to mailing.*

See equipment manufacturer's Part 573 report related to NHTSA recall #06E-093. Lift-U division of Hogan MFG., Inc. is administrating all matters regarding this recall on behalf of DCCBNA.



October 18, 2006

Ms. Kathleen Demeter, Director
Office of Defects Investigation
National Traffic Safety Administration
400 Seventh Street S.W., Room 5326
Washington, DC 20590

Dear Ms. Demeter:

Please find enclosed information on a potential defect with our proposed remedy. The equipment is 10 to 20 years old. We propose to furnish parts and have the owners install.

Very truly yours,

A handwritten signature in cursive script that reads "Paul Reichmuth".

Paul Reichmuth
General Manager

PR/pg

LIFT-U

DIVISION OF

HOGAN MFG., INC.

P. O. BOX 398, ESCALON, CALIFORNIA 95320-0398

TELEPHONE: 209 / 838-2400

FAX NOS.: 209 / 838-7329

209 / 838-8648

Safety Defect and Noncompliance Report Guide for Equipment
PART 573 Defect and Noncompliance Report⁴

On NOV 11, 2006, ~~XXXX~~ LIFT-U [MFR] decided that (a defect which relates to motor vehicle safety)(a noncompliance with Federal Motor Vehicle Safety Standard No. _____) exists in items of motor vehicle equipment listed below, and is furnishing notification to the National Highway Traffic Safety Administration in accordance with 49 CFR Part 573 Defect and Noncompliance Reports.

Date this report was prepared: NOV. 11, 2006

Furnish the manufacturer's identification code for this recall (if applicable): _____

1. Identify the full corporate name of the fabricating manufacturer/brand name/trademark owner of the recalled item of equipment. If the recalled item of equipment is imported, provide the name and mailing address of the designated agent as prescribed by 49 U.S.C. §30164.

LIFT-U DIV OF HOGAN MFG., INC.

P.O. BOX 398

ESCALON, CA 95320

Identify the corporate official, by name and title, whom the agency should contact with respect to this recall.

PAUL REICHMUTH

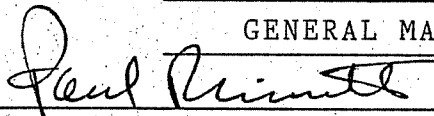
GENERAL MANAGER

Telephone Number: 209-838-2400 Fax No.: 209-838-6283

Name and Title of Person who prepared this report.

PAUL REICHMUTH

GENERAL MANAGER

Signed: 

⁴Each manufacturer must furnish a report, to the Associate Administrator for Safety Assurance, for each defect or noncompliance condition which relates to motor vehicle safety.

This guide was developed from 49 CFR Part 573, "Defect and Noncompliance Reports" and also outlines information currently requested. Any questions, please consult the complete Part 573 or contact Mr. Jon White at (202) 366-5226 or by FAX at (202) 366-7882.

I. Identify the Recalled Items of Equipment

2. Identify the Items of Equipment Involved in this Recall, for each make and model or applicable item of equipment product line (provide illustrations or photographs as necessary to describe the item of equipment), provide:

Generic name of the item: SOLID BAR LINKAGE ON WHEELCHAIR LIFT

Make: _____ **Model:** _____

Part Number: _____ **Size:** _____

Function: BARRIER LINKAGE

Other information which characterizes/distinguishes the items of equipment to be recalled:
PARTS 184-0042, 184-0041, 123-0288 AND 123-0287 WHICH MAKE UP
THE SOLID BAR LINKAGE AS SHOWN ON ASSEMBLY DRAWING 184-0060

Make: _____ **Model:** _____

Part Number: _____ **Size:** _____

Function: _____

Other information which characterizes/distinguishes the items of equipment to be recalled:

Make: _____ **Model:** _____

Part Number: _____ **Size:** _____

Function: _____

Model Years Involved: _____

Other information which characterizes/distinguishes the items of equipment to be recalled:

Make: _____ **Model:** _____

Part Number: _____ **Size:** _____

Function: _____

Other information which characterizes/distinguishes the items of equipment to be recalled:

Identify the approximate percentage of the production of all the recalled models manufactured by your company between the inclusive dates of manufacture provided above, that the recalled model population represents. For example, if the recall involved Widgets equipped with certain items of equipment from January 1, 1996, through April 1, 1997, then what was the percentage of the recalled Widgets of all Widgets manufactured during that time period.

100 %

II. Identifying the Recall Population

3. Furnish the total number of items of equipment recalled potentially containing the defect or noncompliance.

<u>Model</u>	<u>Year</u>	<u>Number of Items Potentially Involved</u>
SOLID BAR LINKAGE	1986 THROUGH 1996	18,093

Total Number Potentially Affected by the Recall: 18,093

4. Furnish the approximate percentage of the total number of items of equipment estimated to actually contain the defect or noncompliance: 100%

Identify and describe how the recall population was determined--in particular how the recalled models were selected and the basis for the beginning and final dates of manufacture of the recalled items of equipment: _____

FIRST MANUFACTURED IN 1986 - NEWER MODEL LIFTS SUPPLIED WITH
FLATBAR LINKAGE BEGINING IN 1996.

III. Describe the Defect or Noncompliance

5. Describe the defect or noncompliance. The description should address the nature and physical location of the defect or noncompliance. Illustrations should be provided as appropriate.

SEE ATTACHED REPORT DATED 9-18-06

Describe the cause(s) of the defect or noncompliance condition.

Describe the consequence(s) of the defect or noncompliance condition.

Identify any warning which can (a) precede or (b) occur.

If the defect or noncompliance is in a component or assembly purchased from a supplier, identify the supplier by corporate name and address.

Identify the name and title of the chief executive officer or knowledgeable representative of the supplier:

IV. Provide the Chronology in Determining the Defect/Noncompliance

If the recall is for a defect, complete item 6, otherwise item 7.

6. With respect to a defect, furnish a chronological summary (including dates) of all the principle events that were the basis for the determination of the defect. The summary should include, but not be limited to, the number of reports, accidents, injuries, fatalities, and warranty claims.

7. With respect to a noncompliance, identify and provide the test results or other data (in chronological order and including dates) on which the noncompliance was determined.

SEE ATTACHED REPORT DATED 9-18-06.

V. Identify the Remedy

8. Furnish a description of the manufacturer's remedy for the defect or noncompliance. Clearly describe the differences between the recall condition and the remedy.

SEE SEE ITEM 6.4 ON ATTACHED REPORT DATED 9-18-06. THE
WORK TO BE DONE IS OUTLINED ON DRAWING 123-1033 ALONG
WITH PARTS DETAILED ON DRAWING 123-1029, 123-1032
AND 524-0197.

Clearly describe the distinguishing characteristics of the remedy component/assembly versus the recalled component/assembly.

Identify and describe how and when the recall condition was corrected in production. If the production remedy was identical to the recall remedy in the field, so state. If the product was discontinued, so state.

SOLID BAR LINKAGE DISCONTINUED ON NEW LIFTS IN 1996.

VI. Identify the Recall Schedule

Furnish a schedule or agenda (with specific dates) for notification to other manufacturers, dealers/retailers, and purchasers. Please, identify any foreseeable problems with implementing the recall.

PLAN TO START RECALL WITHIN 30 DAYS AFTER REVIEW BY NHTSA.

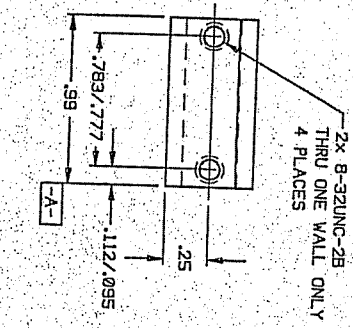
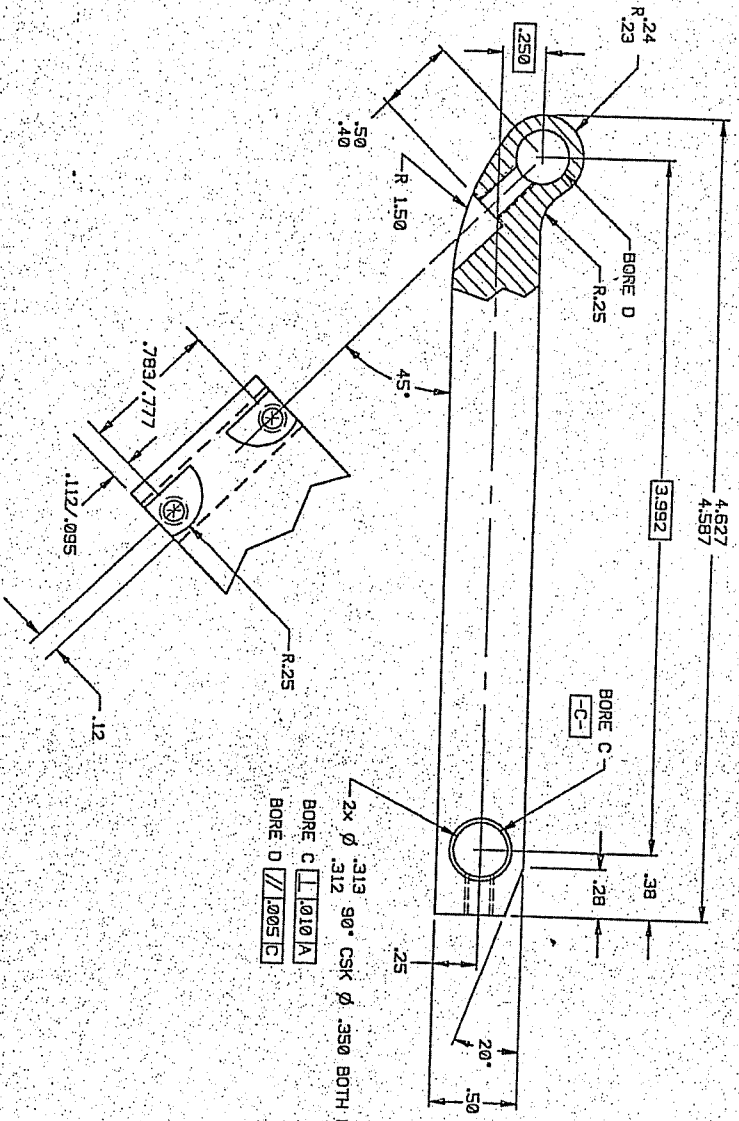
VII. Furnish Recall Communications

9. Furnish a final copy of all notices, bulletins, and other communications that relate directly to the defect or noncompliance and which are sent to more than one manufacturer, distributor, or purchaser. This includes all communications (including both original and follow-up) concerning this recall from the time your company determines the defect or noncompliance condition on, not just the initial notification. *A DRAFT copy of the notification documents should be submitted to this office by Fax (202-366-7882) for review prior to mailing.*

Note: These documents are to be submitted separately from those provided in accordance with Part 573.8 requirements.

REVISIONS

LTR	ECO	APPRO	DATE	DESCRIPTION	DATE	CHKD	DATE
G	3395	BSA	11-16-92	DESIGNED FOR 4 SET SCREWS	RCF	11-12-92	BSA 11-16-92
H	3395	BSA	11-18-92	1.112/.095 WAS 1.065/1.00	BSA	11-18-92	BSA 11-18-92
I	3892	BSA	10-21-96	ADD NOTE 3	TCB	10-07-96	BSA 10-21-96
J	8	3-22-01	REVISED PLATING SPEC.	MAC	03-22-01	8/2	1-22-01



2X 8-32UNC-2B THRU ONE WALL ONLY 4 PLACES

NOTES:

1. HEAT TREAT TO RC 33-37.
2. MAG PARTICLE INSPECT PER MIL-STD-1949, MFP-GM-1.
3. PROTECT BORES FROM PLATING.
4. AFTER PLATING, POST BAKE TO REMOVE HYDROGEN ENRICHMENT.

UNLESS OTHERWISE SPECIFIED:

- INTERPRET DRAWING PER ANSI Y14, CURRENT REV.
- DIMENSIONS ARE IN INCHES.
- FINISH ALL PROCESSED SURFACES TO 1/2 MAX.
- DIMENSIONS APPLY TO FINISHED PART, BEFORE PAINTING.
- DEBURR ALL SURFACES AND BREAK ALL EDGES.
- TOLERANCES: ± OR -
- DECIMAL: .XX — .03 FRACTION: 1/16
- XXX — .010 ANGLE: 1/2 DEGREE

COATING/FINISH

DESC: ELECTROLESS NICKEL PLATING
SPEC: AMS 2404C (1000S THK)

FIRST USE

MODEL NO 9035

SCALE NONE WGT

ALLOY STEEL, CF 3/4 x .39 x 4.63 4140, AIRCRAFT QUALITY

DESCRIPTION

SPEC

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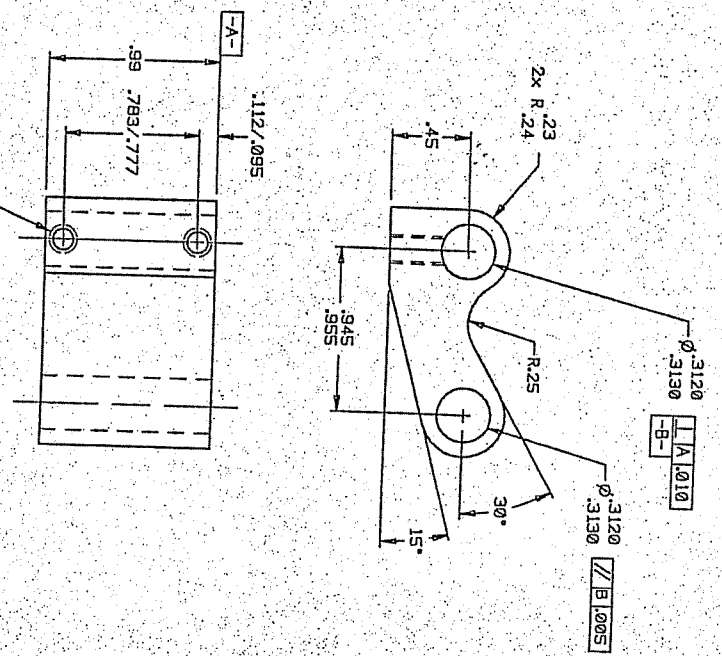
LIFT - U

DRIVE LINK

DOC NO 123-0287

REV J

REVISIONS					
LR	ECO APPD	DATE	DESCRIPTION	DATE	BY
E	3395	BSA	11-16-92 REDESIGNED FOR 2 SET SCREWS	11-12-92	BSA
F	3395	BSA	11-16-92 .112/.095 WAS .105/.100	11-18-92	BSA
G	3092	BSA	10-21-96 ADD NOTE 3	10-17-96	BSA
H	800	3-22-01	REVISED PLATING SPEC.	03-22-01	BAK



- NOTES:
1. HEAT TREAT TO RC 33-37.
 2. MAG PARTICLE INSPECT PER MIL-STD-1949, MFP-GW-1.
 3. PROTECT BORES FROM PLATING.
 4. AFTER PLATING POST BAKE TO REMOVE HYDROGEN EMBRITTELEMENT.

UNLESS OTHERWISE SPECIFIED:

-INTERPRET DRAWING PER ANSI Y14, CURRENT REV.
 -DIMENSIONS ARE IN INCHES.
 -FINISH ALL PROCESSED SURFACES TO $\sqrt{16}/\text{MAX}$.
 -DIMENSIONS APPLY TO FINISHED PART, BEFORE PAINTING.
 -DEBURR ALL SURFACES AND BREAK ALL EDGES.
 -TOLERANCES \pm OR $-$ 1
 DECIMALS: .XX — .03 FRACTIONS: 1/16
 ANGLES: 1/2 DEGREE

COATING/FINISH	DESC: ELECTROLESS NICKEL PLATING
FIRST USE	SPEC: AMS 2404C (1.0005 THK)
MODEL NO	9095
SCALE	NONE
WGT	
DOC NO	123-0288
REV	H

ALLOY STEEL, OF 3/4 x .99 x 1.44 4140 AIRCRAFT QUALITY

DESCRIPTION: **LIFT-U**

TITLE: **FLOATING LINK**

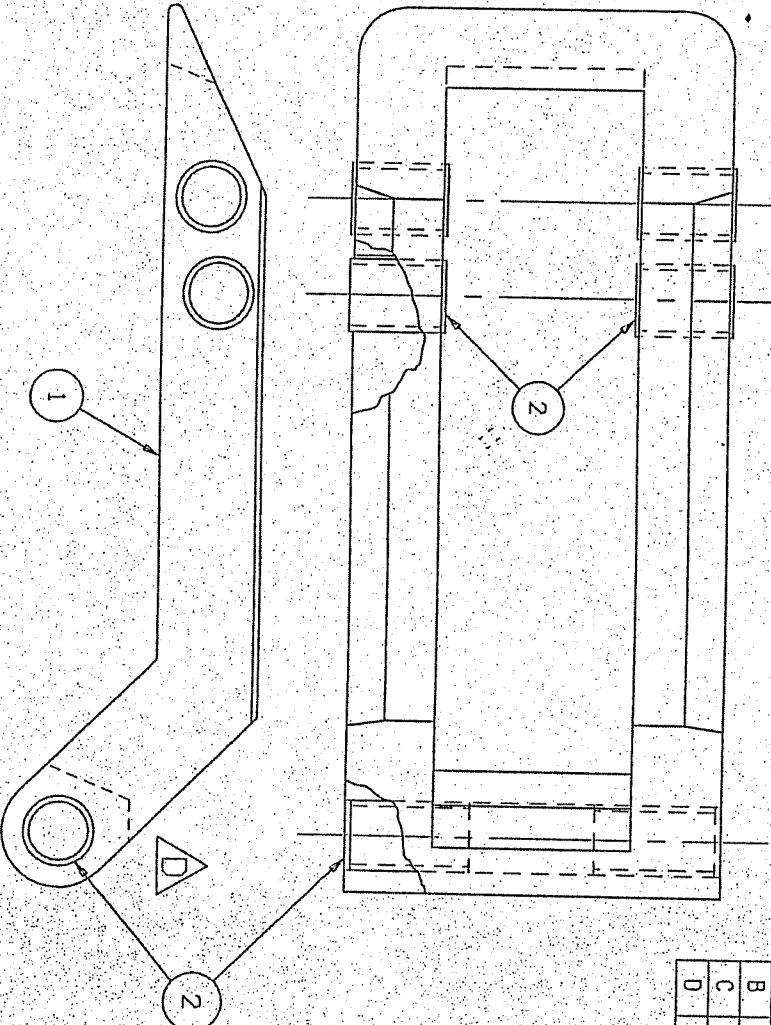
DOC NO: 123-0288

REV: H

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REVISIONS

LTR	ECO	APPD	DATE	DESCRIPTION	DFTD	DATE	CHKR	DATE
A	2652	CL	12-07-87	RELEASED	BSA	12-07-87	CL	12-09-87
B	2728	CL	05-23-88	ADDED RADIUS IN PLACE OF SQUARE CORNER	BSA	05-23-88	CL	05-23-88
C	2850	BSA	04-26-89	REDRAWN & REVISED	B.B.	04-04-89	BSA	04-21-89
D	3322	JL	1-23-92	PIVOT LINK DESIGN CHANGE	AJW	12-20-91	JL	1-23-92



ITEM	PART NO.	QTY	DESCRIPTION
2	P 153-0078	6	SLEEVE BEARING
1	C 123-0286	1	PIVOT LINK

UNLESS OTHERWISE SPECIFIED:

- INTERPRET DRAWING PER ANSI Y14, CURRENT REV.
- DIMENSIONS ARE IN INCHES.
- FINISH ALL PROCESSED SURFACES TO $\sqrt[125]{}$ MAX.
- DIMENSIONS APPLY TO FINISHED PART, BEFORE PAINTING.
- DEBURR ALL SURFACES AND BREAK ALL EDGES.
- TOLERANCES (+ OR -):
 DECIMAL: .XX --- .03 FRACTION: 1/16
 .XXX --- .010 ANGLE: 1/2 DEGREE

COATING/FINISH
 DESC: NONE
 SPEC: NONE
 MODEL NO 9035
 SCALE 1 1/2" = 1" WGT

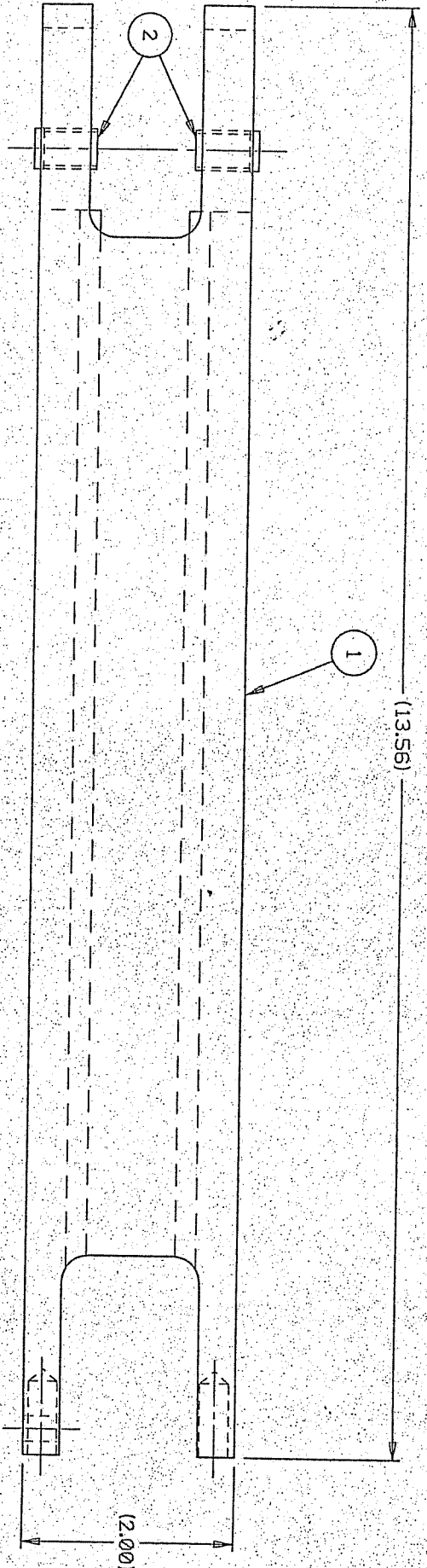


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 HOGAN MFG., INC.
 ESCALON, CALIFORNIA

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TITLE PIVOT LINK ASSEMBLY
 DOC NO B 184-0041
 REV D

REVISIONS						
LTR	ECO	APPD	DATE	DESCRIPTION	DFTR	DATE
A	2652	CL	12-07-87	RELEASED	BSA	12-07-87
B	2850	BSA	04-26-89	REDRAWN & REVISED	B.B.	04-04-89
					BSA	04-21-89



ITEM	PART NO.	QTY	DESCRIPTION
2	P 153-0078	2	SLEEVE BEARING
1	C 123-0289	1	SLIDE LINK

UNLESS OTHERWISE SPECIFIED:

-INTERPRET DRAWING PER ANSI Y14, CURRENT REV. ---
 -DIMENSIONS ARE IN INCHES.
 -FINISH ALL PROCESSED SURFACES TO $\frac{125}{\sqrt{V}}$ MAX.
 -DIMENSIONS APPLY TO FINISHED PART, BEFORE PAINTING.
 -DEBURR ALL SURFACES AND BREAK ALL EDGES.
 -TOLERANCES (+ OR -):
 DECIMAL: .XX ---- .03 FRACTION: 1/16
 .XXX --- .010 ANGLE: 1/2 DEGREE

COATING/FINISH

DESC: NONE
 SPEC: NONE

FIRST USE

MODEL NO 9035

SCALE 1" = 1" WGT ---

TITLE SLIDING LINK ASSEMBLY

DOC NO B 184-0042

REV B



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9/18/06

SOLID BAR LINKAGE REPORT

Review and development of a potential modification to solid bar ramp barrier linkage

1. Reasons for the review
 - 1.1 Three incidents have occurred where a passenger discovered bleeding from their big toe after they had used a lift. How and where the cut occurred was never witnessed by the passenger or others. The exact cause of the incidents has not been verified.
2. Passengers condition when the incidents occurred
 - 2.1 No feeling in the foot
 - 2.2 No control of the foot
 - 2.3 Wearing only a sock, no shoes
 - 2.4 Passengers did not have their foot on the wheelchair foot rest
 - 2.5 Discovered bleeding through the sock some time after leaving the lift and the bus had continued on its route.
 - 2.6 Required medical treatment for damage to the end of the big toe
3. Lift
 - 3.1 Incidents occurred in connection with lifts with the solid bar linkage system
 - 3.2 The solid bar linkage was on production lifts shipped from 1986 through 1996
 - 3.3 (18093) units have been shipped with this linkage system
 - 3.4 Flat bar linkage system has been used for production since 1996. Over 16781 units of this design have shipped. No reported incidents have occurred in connection with the flat bar linkage.
 - 3.5 We estimate 72,331,800 uses have occurred on the solid bar linkage system
 - 3.6 We estimate 14,871 uses per day are occurring currently with the solid bar linkage depending on how many units are still in service. Units are 10 to 20 years old.
4. Evaluation
 - 4.1 The action of the toe being cut was not observed. The bloody sock after the action made the passenger aware that the act had occurred.
 - 4.2 There were traces of blood around the linkage area so we assume it could have happened in that area.
 - 4.3 The current flat bar linkage has not experienced any incidents. In comparing the two linkages we see that the flat bar linkage has less open space under the linkage than does the solid bar linkage.
5. Testing
 - 5.1 We attempted to simulate a toe getting under the linkage
 - 5.1.1 We were unable to duplicate the incident with anyone who has control of their feet. The space under the link is 90 degrees to a person's leg and foot when in a wheelchair. The twisting required to force the toe into that space was not possible by any of our testers.

5.1.2 For a toe to be positioned under the link it must be rotated approximately 70 degrees, uncovered not in a shoe, the toe pointing down approximately 20 degrees, not on a foot rest of a wheelchair, and then forced under the link and only to the depth allowed by the size of the toe.

6. Conclusion

- 6.1 When the incident happened in 1994 the information and observations made were inconclusive. We could not confirm how the incident happened on the lift. Also this was one incident after millions of use.
- 6.2 After the second incident we revisited and still were inconclusive of what happened. At this point we began searching for possible ways to identify what could happen so we could develop a cure.
- 6.3 We have discovered that we can add a filler piece to our linkage that would reduce the space under the linkage and make the solid bar linkage similar to the flat bar linkage that has a clear history.
- 6.4 We are proposing to notify the properties that were sold lifts with solid bar links that we will supply the parts and instructions for them to rivet the part to the linkage and potentially eliminate the possibility of the solid bar linkage being the issue.