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OFFICE OF DEFECTS
INVESTIGATION/RMD



07V-058
(13 pages)

Stoughton Trailers, LLC
416 South Academy Street
Stoughton, WI 53589

To:	Pat Wallace	From:	Tom Dahl
Fax:	202-366-7882	Fax:	608-873-2566
Phone:	202-366-5232	Phone:	608-873-2565
Date: 2/13/2007			
Subject: Part 573 Defect Report			

Comments:

Pat,

It turns out that I already completed the required 573 report. Please find the attached **copy. Several** of **the** fields reference the attached documents prepared by Brass Craft. Hopefully, this will satisfy **your** requirements. If not, please let **me know**.

Regards,
Tom Dahl

Customer Service Manager
Stoughton Trailers, **LLC**

13 PAGES INCLUDING COVER

Safety Defect and Noncompliance Report Guide for Vehicles

4 **573 Defect and Noncompliance Responsibility and e**

On September 14, 2007, Stoughton Trailers, LLC [MFR] decided that (a defect which relates to motor vehicle **safety**)(a noncompliance with **Federal** Motor Vehicle **Safety** Standard No.) **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 Responsibility and Reports**.

Date this report was prepared: January 19, 2007

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

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**.

Stoughton Trailers, LLC

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

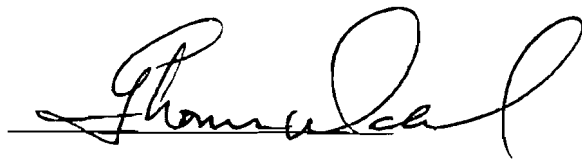
Thomas J. Dahl, Customer Service Manager

Telephone Number: 608-873-2565 Fax No: 608-873-2566

Name and Title of **Person** who prepared this **report**.

Thomas J. Dahl

Signed:



¹ Each manufacturer must furnish a report, to the Associate Administrator for **Enforcement**, for each defect or noncompliance condition which relates to motor **vehicle** safety.

This guide **was** developed from 49 **CFR Part** 573, "Defect and Noncompliance Responsibility and Reports" and also outlines information currently requested. Any questions, **please** consult the **complete** Part 573 or contact Mr. George Person at (202) 366-5210 or by FAX at (202) 366-7882.

1. 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): All **Model Years Involved:** 2007 **Model(s):** All

Production Dates: Beginning: 8/2/2006 Ending: 9/14/2006

VIN Range: Beginning: non-sequential Ending:

Vehicle Type: All **Bodystyle:** All

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

Production Date

Make(s): **Model Years Involved:** **Model(s):**

Production Dates: Beginning: Ending:

VIN Range: Beginning: Ending:

Vehicle Type: **Bodystyle:**

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

Make(s): **Model Years Involved:** **Model(s):**

Production Dates: Beginning: Ending:

VIN Range: Beginning: Ending:

Vehicle Type: **Bodystyle:**

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

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.

II. Identify the Recall Population

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

Vehicles		Number of
Model	Year	Potentially
<u>Involved</u>		
All built between 8/2/06 and 9/14/06	2006	1472

Total Number Potentially Affected by the
Recall: 1472

4. Furnish the approximate percentage of the **total** number of vehicles estimated to actually contain the defect or noncompliance; 7%

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:

On 9/13/06, Crawford Machine, a sales agent for Brass Craft, faxed Stoughton Trailers' purchasing department a notification of a potential problem with what was referred to as a 225-6 fitting. 8/2/06 is the date when the purchased parts would have been introduced into inventory. On 9/13/06, upon notification of a potential problem, inventory of the suspect fitting was quarantined. All units produced by Stoughton Trailers contain the fitting in question. It is used strictly to facilitate a break response test.

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 recall letter (draft) and location identification document

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

See attached recall letter (draft)

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

See attached recall letter (draft)

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

See attached recall letter (draft)

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

Crawford Machine. Inc

1310 Freese **Works** Place

Galion, OH 44833

419-468-8853

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

Kevin Hesse

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 recall letter (draft)

V. **Identify the Remedy**

8. A description of the manufacturer's program for remedying the defect or noncompliance. This program shall include a plan for reimbursing **an** owner or purchaser who incurred costs to obtain a remedy for the problem addressed by the recall within a reasonable time in advance of the manufacturer's notification of owners, purchasers and dealers, in accordance with 5573.13 of this part. A manufacturer's plan may incorporate by reference a general reimbursement plan it previously submitted to NHTSA, together with information specific to the individual recall. Information required **by** §573.13 that is not in a general reimbursement plan shall be submitted in the manufacturer's report to NHTSA under this section. If a manufacturer submits **one** or more general reimbursement plans, the manufacturer shall update **each** plan every two years, in accordance with §573.13. The **manufacturer's** remedy program and reimbursement plans will be available for inspection by the public at NHTSA headquarters.

See attached recall letter (draft), **service** instructions & **request** for reimbursement form

9. 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 attached documents. All trailers that were manufactured between 8/2/06 and 9/13/06 are potentially affected by the recall condition and therefore eligible for the prescribed remedy

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

There are no distinguishing characteristics

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**.

The production remedy was identical to the recall remedy in the field

VI. Identify the Recall Schedule

10. 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.

Purchasers will **be notified** within (5) working days of NHTSA approval of Stoughton Trailers' notification plan.

VII. Furnish Recall Communications

11. 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 that these documents are to be submitted separately from those provided in accordance with Part 579.5 requirements.

----- DRAFT -----

December XX, 2006

N.H.T.S.A.Recall No. [specific to OEM]

<< Customer Name >>

<<Address 1>>

<<Address 2>>

<<City>>, <<State>>, <<zip>>

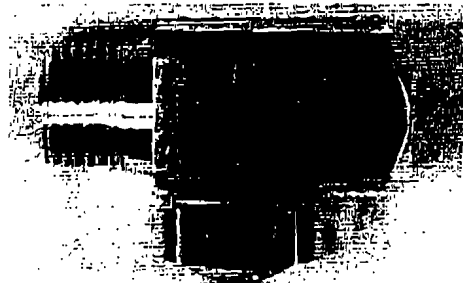
Re: Trailer Serial Numbers: <<Serials>>

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

Stoughton Trailers in conjunction with BrassCraft Canada, Ltd. have decided that a defect which relates to motor vehicle safety exists in certain **[description of trailers affected]** The components involved are pipe fittings manufactured by BrassCraft **Canada, Ltd** and supplied to **Stoughton Trailers** for use in the air brake systems of its trailers. As a result, BrassCraft and **Stoughton Trailers** are recalling the defective pipe fittings and will replace them free of charge.

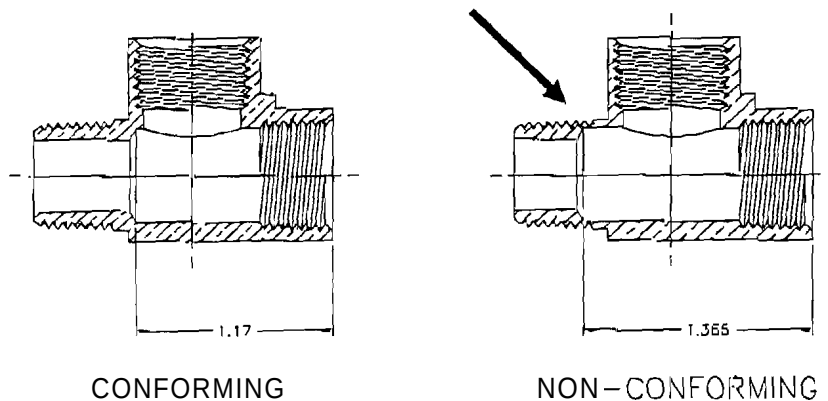
The **pipe** fittings covered by this recall are BrassCraft Brass Street T Pipe Fittings (Model No. 225-6, pictured below) installed by **Stoughton Trailers** between **(Starting Date]** and **[Ending Date]**.

BrassCraft Model 225-6 Pipe Fitting



BrassCraft has discovered that a manufacturing error occurred during production of these fittings earlier this summer. During manufacture, the fitting is designed to be drilled from the right side to a nominal depth of 1.17 inches (as shown in the cross-section diagram below). In **some** cases, though, the fitting was drilled too deep (to more than 1.3 inches), resulting in a thin wall in the male connector pipe thread as indicated by the arrow in the diagram below. As a result of this error, the male pipe thread may break off during or after assembly.

Cross-Section View of Product



If these fittings are not replaced, they may fail while in use, causing the air brake system to depressurize. If the fitting fails while in use, the airbrake system could depressurize, causing the brakes to engage suddenly, possibly resulting in a vehicle crash.

Your Assistance Is Needed NOW

- ☐ Upon receiving this notice you should immediately have your trailer inspected **and** serviced as appropriate by a Stoughton dealer or other location **qualified** to conduct the annual tests required by the U.S. Department of Transportation.
- ☐ Alternatively, you may inspect your trailer to determine if your trailer has the subject fitting. The attached drawing shows where the affected component is located on the trailer (where the air hose connects to the roadside rear brake chamber). If you find the subject fitting, it should be removed. Because the component is used solely at the factory to allow connection to perform a brake response test, there is no need to replace the fitting with a new one. **Instead**, the air hose can be connected directly to the brake chamber. The trailer will **function** as designed without the fitting installed.
- ☐ Trailers with **affected** fittings **installed** should not be used **until** the fittings are removed.

Federal regulations **require** that **any** vehicle lessor receiving this recall notice must **forward** a copy of this notice to the lessee within **ten** days.

If for some reason the repair work associated with this recall is not made without charge or within a reasonable period of time, you may wish to register a complaint with the following:

Administrator, National Highway Traffic Safety Administration, 400 **Seventh** Street, S.W.
Washington, D.C. 20590, or call the roll-free Vehicle Safety **Hotline** at 1-888-327-4236; (TTY:
1-800-424-9153); or go to <http://www.safercar.gov>

Customer safety is ~~BrassCraft's~~ **and** Stoughton Trailer's highest priority, **and we are** committed **to** ensuring the quality and safety of the products we manufacture. We truly appreciate your understanding and support for **our** efforts to remedy this unfortunate, but limited, problem with the ~~BrassCraft~~ Street T fitting.

Request for Reimbursement NHTSA recall # (OEM Specific)

BrassCraft Brass Street T Pipe Fitting, Model 225-6

VIN _____

Name of customer/trailer owner: _____

Address: _____

Phone: _____

Please check the appropriate selection

- ☐ The trailer was inspected and did not contain the subject fitting
- ☒ The subject fitting was removed from **the trailer**

I hereby certify that the part identified above has been removed from the stated trailer and permanently removed from service in a manner that prevents it from ever being used again.

Name: _____
(First) (Last)

Service Center _____
(Entity to which the reimbursement check will be made payable)

Address _____

Phone _____

Signature _____

Fax to: (Stoughton - BrassCraft Recall XXX XXX XXXX)

Service Instructions

The fitting is located on the ~~trailer~~ where the air hose connects to the roadside rear brake chamber. The ~~fitting~~ may not be present on your trailer. If it is **present**, it must be removed by a qualified **individual**. Since the component is used strictly to allow connection to perform a brake response test at the factory, **there** is no need to ~~replace~~ the fitting. Instead, the air hose can be connected directly to the brake chamber. ~~The~~ trailer will function as designed without the ~~fitting~~ installed.

Once the ~~fitting~~ has been removed, the attached form should be completed for reimbursement and to document the service has been completed on the trailer.

