



December 14, 2009

"SAFETY RECALL NOTICE"
NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION
RECALL NO: 07V-223

Transportation Collaborative Inc; OBO US Bus Corporation School Bus
TCI Recall #: 07V-223
Intermotive Vehicle Controls: ONP 2007-01

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 and Universe School Buses manufactured by US Bus Corporation, model years 2006 thru 2007, equipped with Intermotive Vehicle Control Interlocks, fail to conform to Federal Motor Vehicle Safety Standard No. 403 "Platform lift system for motor vehicles" and Federal Motor Vehicle Safety Standard No. 404 "Platform lift Installations in Motor Vehicles".

The noncompliance exists in their interlock Model number **LOCK601-GD** with serial numbers ranging between **LK601-1001 to LK601-1068**.

What the safety concern is:

The non-compliance relates to failure of the Platform Lift Interlock Module to meet the functional requirements of Federal Safety Standard No. 403 and 404, *Platform lifts systems for motor vehicles*.

Specifically the interlock module installed by US Bus Corporation may be defective, and may not lock the shifter in the Park position when the wheelchair lift door is open, thus allowing movement of the vehicle while the lift is in use.

The concern is that on some early production Interlock by Intermotive (wheelchair interlock) modules may go into a fault mode if the vehicle battery voltage drops below 7.5 volts. This can occur when the battery voltage is low and the engine is cranked, while other accessories on the vehicle are in use. (Such as brake lamps, turn signals etc.) In this fault mode, the module may not lock the shifter when the lift door is open. This may



7 LAKE STATION ROAD

WARWICK, NY 10990

PHONE: (845) 988-2333



allow the vehicle to be moved while the lift is deployed and my cause personal injury to the occupant of the wheel chair lift.

The Remedy:

Transportation Collaborative Inc. will affect repairs to your vehicle by the installation of a new Wheelchair Interlock control module.

The remedy procedure is currently available to customers and TCI dealers, from Intermotive Vehicle Controls (see ONP 2007-01 and LOCK601-GD Installation Instructions).

Parts availability necessary to affect repairs for this recall are currently available.

The expected out of service time necessary to affect repairs is .50 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) inspected the interlock module per the enclosed instructions (see ONP 2007-01 and LOCK601-GD Installation Instructions) OR, 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 lessor 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



7 LAKE STATION ROAD

WARWICK, NY 10990

PHONE: (845) 988-2333



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 _____

