Safety Defect and Noncompliance Report Guide for Vehicles

PART 573 Defect and Noncompliance Responsibility and Reports[1]

On August 15, 2008, Girardin Minibus received a letter from Ricon Corporation about a recall on certain wheelchair lift products **and decided that a defect which relates to motor vehicle safety exits 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: September 3, 2008

Furnish the manufacturer's identification code for this recall (if applicable): 08-021-RIU

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.

Girardin Minibus, Inc.
Trans Canada Highway
Drummondville (Quebec) Canada J2B 6V4

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

Valérie Fortin
Regulations and Standards Technician
Telephone Number: 819 477-2012 ext. 428 **Fax No.:** 819 477-1848

Name and Title of Person who prepared this report.

Valérie Fortin
Regulations and Standards Technician

Signed:

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[1] Each 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 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.

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): Girardin **Model Years Involved**: 2005 to 2008

Model(s): MB II and MBIV G5 School & commercial buses

Production Dates: **Beginning**: June 2005 **Ending**: December 2007

VIN Range: **Beginning**: ---------- Ending: ----------

Vehicle Type: Ford & GM chassis with 6.0L & 6.6L engine equipped with Ricon lift model 5500

Body style: School & Commercial buses

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

Recalled vehicles are equipped with series 1200, 2000 and 5500 Ricon's model wheelchair lifts products manufactured from April 1, 2005 and September 2006, inclusive.

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

Production Dates: **Beginning**: _____ **Ending**:

VIN Range: **Beginning**: _____ **Ending**: _____

Vehicle Type: _____ **Body style**: _____

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.

13 % of the MB II & MB IV school & commercial buses equipped with Ricon wheelchair lifts series 1200, 2000 and 5000.

II. Identify the Recall Population

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

Model	Year	Number
MB II MB IV (School & commercial)	2005	15
MB II MB IV (School & commercial)	2006	69
MB II MB IV (School & commercial)	2007	3
MB II MB IV (School & commercial)	2008	1

Total Number Potentially Affected by the recall: 88

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

Possibly 100 % of the 88 vehicles MBII and MB IV (G5) school & commercial buses equipped with Ricon wheelchair lifts series 1200, 2000 and 5000 and identified by Ricon.

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:

Ricon supplied a complete list of the 1200, 2000 and 5500 model lifts we purchased that were manufactured during the specified time period. All lift models and serial numbers were included. We determined the recall population according to the lift serial numbers given by Ricon.

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.

The non-compliance with S6.10.2.3 of the FMVSS 403 is the result of the Anti Stow Interlock system not detecting the presence of a wheelchair or mobility aid user. In the event this condition occurs during passenger operations it may be possible for the lift platform to begin stowing while a wheelchair or mobility aid user is still occupying the area of the platform close to the pivot point of the platform. This situation could personal injury.

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

Ricon has already supplied this information to NTHSA please check under recall #07E-097.

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

The consequence of the noncompliance is that the lift platform may stow while a wheelchair or mobility aid user is still occupying the area of the platform close to the pivot point of the platform.

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

None.

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

Ricon Corporation
A Division of Vapor Bus International
7900 Nelson Road
Panorama City, CA 91402 USA

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

Oscar Pardinas
Director of Business Development
Phone: (818) 267-3085
Fax: (818) 267-3139
Email: opardinas@wabtec.com

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.

N/A

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.

On August 15, 2008, we received a letter from Ricon about a recall of certain wheelchair lift products built between April 1, 2005 and September 6, 2006. On September 3, 2008, they supplied a complete list of the lifts Girardin Minibus purchased that were manufactured during the specified time period. Lift model and serial numbers were included. We determined the involved vehicles according to the list supplied by Ricon.
As per the information supplied by Ricon Corporation, there have been no claims, accidents, injuries or fatalities associated with the noncompliance.
Ricon has already supplied this information to NHTSA, please check under recall 07E-097.

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 §573.13 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.

The reimbursement procedure will be provided by Ricon to the owners of vehicles which need modification. All information will be included on the notification letter we will supply to the owners.

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.

The anti stow pressure switch will be adjusted.

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

Please refer to Ricon Corporation for this information.

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.

We have no one of this lift still in stock.

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.

Girardin Minibus anticipates notifying its dealers no later than, September 24, 2008. Notification letters will be sent to the end users no later than 2 weeks after we will receive approval from NHTSA.

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.

You will find enclosed a draft copy of the notification letter.