08V-468
(9 pages)

Safety Defect and Noncompliance Report Guide for Vehicles
PART 573 Defect and Noncompliance Responsibility and Reports[1]

On Sept 9 **, 2008,** Trolley Enterprises Inc **[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: September 11, 2008

Furnish the manufacturer's identification code for this recall (if applicable): 07E-095

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.

Trolley Enterprises, Inc.

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

Joseph Perez, Sr.

Telephone Number: 954-429-3100 **Fax No.:** 954-429-3307

Name and Title of Person who prepared this report.

Bob Matheny
Controller

Signed:

RECEIVED
2008 SEP 16 10:35 AM
DEFECTS INVESTIGATION
RECALL MGMT DIV.

B Matheny
Controller

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, by FAX at (202) 366-7882, or by E-Mail to RMD.ODI@dot.gov.

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): Freightliner **Model Years Involved:** 2005 2006 **Model(s):** Trolley Bus

Production Dates: Beginning: 1/05 **Ending:** 12/06

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

Vehicle Type: n/a **Bodystyle:** Trolley

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:

_____

_____

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 Vehicles equipped with certain items of equipment from January 1, 1996 through April 1, 1997, then what was the percentage of the recalled Vehicles of all Vehicles manufactured during that time period.

II. Identify the Recall Population

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

Model	Year	Number of Vehicles Potentially Involved
Trolley	2005	4
"	2006	3

Total Number Potentially Affected by the Recall: 7

4. Furnish the approximate percentage of the total number of vehicles 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 vehicles:

Ricon supplied us with a list of serial numbers for the equipment effected (in 07E-095). We verified with Ricon (Oscar Pardinas) that the (7) serial numbers are for 07E-095 and 07E-097. We matched these serial numbers with the trolleys fabricated identifying the end user. We are now contacting them to verify.

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 Ricon 07E-095

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

see Ricon 07E-095

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

see Ricon 07E-095

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

see Ricon 07E-095

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 Divison of Vapor Bus International
7900 Nelson Road
Panorama City, CA 91402

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

Oscar Pardinas Director - Business Development and Communications

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 Ricon report 07E-095

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.

Contact the nearest Ricon authorized service center / dealer. If the lift retrofit is not completed within 3 business days, please notify Ricon Customer Support at the toll free number: 818-267-3001.

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 Ricon 07E-095

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

see Ricon 07E-095

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 Ricon 07E-095

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.

We will begin calling today (9.11.08) to verify that the Clients do in fact have the wheelchair assigned (serial #s) to them that pertain to the recall. We will send out notices Sept 18, 2008.

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) or by E-Mail to RMD.ODI@dot.gov for review prior to mailing.***

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

September 11, 2008

SAMPLE DEALER LETTER

Recall Manager
ABC Corporation
123 Main Street
Anytown, USA

RE: Equipment Safety Standard Non-Compliance Notification #07E-095

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

Dear Recall Manager,

Trolley Enterprises, Inc. has decided that a defect which relates to motor vehicle safety exists in wheelchair lifts built by Ricon Corporation between April 1, 2005 and October 9, 2007.

Ricon Corporation has determined that a safety related noncompliance with S6.1 of the FMVSS 403 exists in public and private use wheelchair lifts manufactured by Ricon on the above dates.

What is being recalled:

This recall process applies to the "Threshold Warning System" only on Ricon's "1200, 2000 and 5500" series platform style wheelchair lifts labeled for "DOT Public Use" and "DOT Private Use". It does not apply to other Ricon products. The serial numbers for the recalled whellchair lifts are:

184601	184600	189807	191352
191345	199081	200048	

Why is it being recalled:

The non-compliance with S6.1 of the FMVSS 403 is the result of the Threshold Warning System not detecting the presence of a wheelchair or mobility aid user in a certain spot within the defined theshold area. In the event this condition occurs during passenger operations he wheelchair or mobility aid user may move toward the vehicle lift door when the lift platform is below floor level. This situation could cause personal injury.

What RICON Corp. will do:

Upon receipt of this letter, please contact the nearest Ricon authorized service center/dealer and give them the name of the recall: (#07E-095). The wheelchair lift retrofit will include removal and replacement of the TWS covers using TWS retrofit kit # 39979. Ricon will provide all the necessary replacement parts at No Charge.

If the lift is retrofitted by an authorized Ricon dealer and it is not completed within 3 business days, please notify Ricon Customer Support at the toll free number listed.

If, after contacting the authorized dealer and Ricon Customer Support, your inspection and/or repair is not completed in a reasonable time and without charge you may notify:

Associate Administrator for Enforcement
National Highway Traffic Safety Administration
1200 New Jersey Ave., SE
Washington, D. C. 20590
Phone (888) 327-4236

Thank you for your prompt attention to this matter. If you have any questions concerning these procedures please contact the undersigned at (954) 429-3100 or by email Jperez5634@aol.com.

Sincerely,

Joseph Perez, Sr.
President