Safety Defect and Noncompliance Report Guide for Vehicles

PART 573 Defect and Noncompliance Responsibility and Reports[1]

On November 19th, 2008, Startrans Bus Corp. [MFR] decided that (a defect which relates to motor vehicle safety)(a noncompliance with Federal Motor Vehicle Safety Standard No. 403) 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: 11/19/2008

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.

Startrans Bus Corporation 2592 E. Kercher Rd. Goshen, In 46528

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

Mark A. Barczak; Engineering Manager/ Startrans Bus Corp.

e-mail: mark.barczak@startransbus.com

Telephone Number: (877)258-1391 EXT. 337 **Fax No.:** (574)642-4108

Name and Title of Person who prepared this report.

Ben Cupp; Sr. Design Engineer/ Eng. Manager

Startrans Bus Corporation

Signed:

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[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): Startrans **Model Years Involved**: 2004-2008 **Model(s)**: Senator

Production Dates: **Beginning**: 4/1/2005 **Ending**: 3/15/2008

VIN Range: **Beginning**: 40080230 **Ending**: 80085155

Vehicle Type: Senator Shuttle Bus **Bodystyle**: Ford or Chevy Cutaway Paratransit Suttle Bus (96" Wide Body)

Descriptive information which characterizes/distinguishes the recalled vehicles from those model vehicles not included in the recall:
Vehicles Equipped with wheelchair lifts manufactured by RICON Corporation; Series 'S' and Series 'K'

Make(s): Startrans **Model Years Involved**: 2004-2008 **Model(s)**: Candidate

Production Dates: **Beginning**: 4/1/2005 **Ending**: 3/15/2008

VIN Range: **Beginning**: 40080753 **Ending**: 80085156

Vehicle Type: Candidate Shuttle Bus **Bodystyle**: Ford or Chevy Cutaway Paratransit Shuttle Bus (84"narrow body)

Descriptive information which characterizes/distinguishes the recalled vehicles from those model vehicles not included in the recall:
Vehicles Equipped with wheelchair lifts manufactured by RICON Corporation; Series 'S' and Series 'K'

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.
20% of total production of vehicles with wheelchair lift equipment

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
Senator BSN	2004	245
Candidate BCA	2004	17
Senator BSN	2005	1144
Candidate BCA	2005	165
Senator BSN	2006	980
Candidate BCA	2006	7
Senator BSN	2007	1222
Candidate BCA	2007	74
Senator BSN	2008	422
Candidate BCA	2008	133

Total Number Potentially Affected by the Recall: 4409

4. Furnish the approximate percentage of the total number of vehicles estimated to actually contain the defect or noncompliance: 25%

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:

Computerized records were assembled of all products manufactured during that time frame which were sold with RICON lifts; Using computerized option code data from the order entry process.

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 Threshold Warning System may not detect the presence of a "wheelchair test device" when tested in accordance with S7.4 of the FMVSS 403.

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

Results from misinterpretation of the testing parameters.

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

The threshold warning signal may not activate when a certain point on the threshold area is encroached.

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

With the lift platform one inch or more below vehicle floor level, the Threshold Warning System will activate when a wheelchair or individual using a mobility aid enters the designated Threshold area but may deactivate if the wheelchair or mobility aid user continues to move toward a certain point on the threshold area.

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 Phone: 818.267.3000
a Division of Vapor Bus International FAX: 818.267.3001
7900 Nelson Road www.Wabtec.com
Panorama City, CA 91402 .

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

Bill Hinze Director of Marketing RICON Corporation

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.

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.

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.

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.

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.

SAMPLE OWNER NOTIFICATION LETTER

SAFETY RECALL NOTICE

Dear Startrans Dealer:

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

RICON Corporation has decided that a defect which relates to motor vehicle safety exists in RICON "S" Series and "K" Series Lifts.

! I M P O R T A N T !

- Your RICON Lift is being recalled
- You should contact any customers who may be affected by this safety recall.

Why is a recall being conducted?	Pursuant to Ricon Corporation's instructions and in accordance with their recall #07E-095, the threshold warning system may not activate when a certain point on the threshold area is encroached.
What are we doing about the problem?	Making all of our end user customers aware of the problem and providing the information essential to getting each vehicle repaired by and Authorized RICON Factory Representative.
What should you do?	Provide all contact information to the vehicle end user so they can contact RICON for service.
What if you no longer own this [identify item]?	Please provide any information available that you have to locate this vehicle to: Startrans Bus Corp. at: 2592 E. Kercher Road Goshen, IN 46528 Phone: 877-258-1391 Ext. 337
Who should you contact if you have further questions or	Mark A. Barczak Startrans Bus Corp. 2592 E. Kercher Road Goshen, IN 46528 Phone: 877-258-1391 Ext. 337

concerns?

If you have already paid to have your RICON ‘S’ or ‘K’ Series Lift repaired for this condition, you may be eligible for reimbursement of the charges you paid for the repair. To learn more about what you need to do to obtain reimbursement, contact Startrans Bus Corp.
If after attempting to have your vehicle repaired you believe you have not been able to have your vehicle remedied without charge and within a reasonable amount of time, you may submit a complaint to the Administrator, National Highway Traffic Safety Administration, 1200 New Jersey Ave., S.E., Washington, 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.

We apologize for any inconvenience this safety recall may cause, but your safety is our first concern.

Sincerely,

Startrans Bus Corporation
2592 E. Kercher Road Goshen, IN 46528
Phone: 877-258-1391 Ext. 337
Fax: (574)642-4108