08V-676 (6 pages)

Safety Defect and Noncompliance Report Guide for Vehicles PART 573 Defect and Noncompliance Responsibility and Reports¹

	Ricon Corporation, a division of Vapor Bus [MFR] decided	
that a safety related non-compliance w	ith S6.10.2.3 of the FMVSS 403 exists in items of motor vehicle	
equipment listed below, and is furnishing	ing notification to the National Highway Traffic Safety	
Administration in accordance with 49	CFR Part 573 Defect and Noncompliance Reports.	
	A Branch Communication Control of the Control of th	
Date this report was prepared: Septem	iber 9, 2008	
Furnish the manufacturer's identificat	ion code for this recall (if applicable):	
	the fabricating manufacturer of the vehicle being recalled. If the ne name and mailing address of the designated agent as prescribe	
Colonial Favinment Company		
Colonial Equipment Company 1310 Bailes Lane		
Frederick, MD 21701		
Tiederick, Wib 21701		
Identify the corporate official, by name	e and title, whom the agency should contact with respect to this	
recall.		
Contraction Company		
Craig Combs		
General Manager 301-698-5100		
301-698-5117 fax		
ccombs@thebusplace.com		
Sincerely,		
officerery,		
	RECEIVED	
	2008 DEC 18 10:35 AM	
Craig Combs, General Manager	DEFECTS INVESTIGATION	
Colonial Equipment Company	RECALL MGMT DIV.	

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.

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

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): Ford Model Years Involved: 2006 - 2008 Model(s): E350 /E450
Cutaway chassis vehicles
Production Dates: Beginning: Ending:
VIN Range: Beginning: Ending:
Vehicle Type: Bus Bodystyle:
Descriptive information which characterizes/distinguishes the recalled vehicles from those model vehicles not included in the recall: Vehicles manufactured with Ricon wheelchair lifts
Make(s): Chevrolet Model Years Involved: 2006 - 2008 Model(s): G- van cutaway
chassis vehicles
Production Dates: Beginning: Ending:
VIN Range: Beginning: Ending:
Vehicle Type: Bus Bodystyle:
Descriptive information which characterizes/distinguishes the recalled vehicles from those model vehicles not included in the recall: Vehicles manufactured with Ricon wheelchair lifts
Make(s):Model(s):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
Ford cutaway chassis buses	2006 - 2008	35
Chevrolet cutaway chassis buses	2006 - 2008	15
Total Number Potentially Affected by	the Recall:	50
4. Furnish the approximate percentag defect or noncompliance: <u>10%</u>	e of the total number of ve	hicles estimated to actually cont
Identify and describe how the recall powere selected and the basis for the beg	opulation was determined- inning and final dates of m	in particular how the recalled nanufacture of the recalled vehic

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. Wheelchair Lift may try to Stow with an occupant on the platform.
Describe the cause(s) of the defect or noncompliance condition. Adjustment switch out of adjustment.
Describe the consequence(s) of the defect or noncompliance condition. Lift may Stow with 50lb weight.
Identify any warning which can (a) precede or (b) occur. Lift Stows with 50lb weight.
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
7900 Nelson Road
Panorama City, CA 91402
Identify the name and title of the chief executive officer or knowledgeable representative of the supplier:
Stanton Saucher - GM

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.

Notice from Ricon.			

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.

he remedy will be applied as described in the OEM letters that were sent out. This is only a
omponent and only an adjustment is needed. One ½ hour labor will be paid.

describe the differences between the recall condition and the remedy.
Adjustment platform switch per the manufacture's instructions.
Clearly describe the distinguishing characteristics of the remedy component/assembly versus the recalled component/assembly. Adjustment only.
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. Adjustment procedure in place September 7, 2006.
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.
A.S.A.P.

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.