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

On March 5th, 2008, RICON Corporation [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: December 31, 2008

Furnish the manufacturer's identification code for this recall (if applicable): 07E 097

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.

Halcore Group Inc (American Emergency Vehicles Division) 1 American Way Jefferson NC 28640

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

Randy Hanson American Emergency Vehicles - VP of Manufacturing

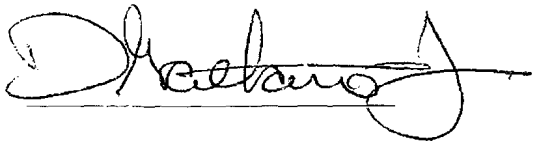
Telephone Number: 336-982-9824 **Fax No.:** 336-982-9826

Name and Title of Person who prepared this report.

Dominick Gaetano Jr. - AEV Warranty Administrator

Signed:

RECEIVED
2009 JANUARY 12 – 9:00 AM
OFFICE OF RECALL
MANAGEMENT DIVISION



[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): FORD **Model Years Involved:** 2005 **Model(s):** E-SERIES

Production Dates: Beginning: _____ **Ending:** 7-21-2005

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

Vehicle Type: VAN **Bodystyle:** WHEEL CHAIR LIFT VAN

Descriptive information which characterizes/distinguishes the recalled vehicles from those model vehicles not included in the recall:
ONE - 2005 CHASSIS SOLD WITH THIS MODEL WHEEL CHAIR LIFT INSTALLED – LIFT IDENTIFIED BY MODEL & SERIAL NUMBER PROVIDER BY IT'S MANUFACTURER / RICON

Make(s): FORD **Model Years Involved:** 2006 **Model(s):** E-SERIES

Production Dates: Beginning: 10-18-2005 **Ending:** 11-18-2006

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

Vehicle Type: VAN **Bodystyle:** WHEEL CHAIR LIFT VAN

Descriptive information which characterizes/distinguishes the recalled vehicles from those model vehicles not included in the recall:
SEVEN - 2006 CHASSIS SOLD WITH THIS MODEL WHEEL CHAIR LIFT INSTALLED – LIFT IDENTIFIED BY MODEL & SERIAL NUMBER PROVIDER BY IT'S MANUFACTURER / RICON

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. RICON'S STATED DATES ARE 4/1/2005 – 10/9/2007 DURING TIHS PERIOD AEV INSTALLED EIGHT OF THESE LIFTS. AEV MANUFACTURED APPROXIMATLEY 1800 VEHICLES DURING TIHS PERIOD OF TIME.

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 E-SERIES WHEEL CHAIR LIFT VAN	2005	1
FORD E-SERIES WHEEL CHAIR LIFT VAN	2006	7

Total Number Potentially Affected by the Recall: 8

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

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:

AEV PURCHASE ORDER HISTORY OF RICON MODEL WHEELCHAIR LIFT IN QUESTION

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.

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

WHAT IS BEING RECALLED:

This recall process applies to the "Anti-stow interlock" only on Ricon's "1200, 2000 and 5500" series platform lifts labeled for "DOT Public Use" and "DOT Private Use". It does not apply to other Ricon products.

WHY IS IT BEING RECALLED:

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 50 pound test weight when the weight is located close to the pivot point for the platform. 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 cause personal injury.

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

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 RD
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 & COMMUNICATIONS 888-327-4236

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 CORPORATION

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.

WHAT RICON CORPORATION WILL DO:

Upon notification from your end-user customer, Ricon will work with them to make the necessary adjustments to the pressure switch (es) on their lift (s). If the end-user is already factory trained to perform service on Ricon products, the adjustment can be done at the end-user's location. If the end-user is not factory trained to perform service on Ricon products, we will arrange for the adjustment to be done at the nearest Ricon authorized service center/dealer.

The lift adjustments will be completed at no charge to the end-user. Whether the repairs are done by the end-user or an authorized Ricon Dealer, Ricon will pay a $37.50 labor charge. No parts are necessary to correct this noncompliance.

If the lift is adjusted 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 above.

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.

WHAT YOU SHOULD DO:

If your serial # is one of those included in this recall follow the procedures outlined below to perform modifications as follow:

Adjustment Procedures

1. **Park the vehicle in a safe location.**
2. **Open the lift door(s) and deploy the lift to the floor level position.**
3. **Place the 50lb test weight oriented lengthwise along the length of the platform and at the most inboard end of the platform operation volume. There is a non-skid decal on the platform that defines this location.**
4. **Depress the Stow button. Platform should not stow. If platform does not stow, the lift is properly adjusted. If platform stows with the test weigh, continue with the following procedure:**
    a. **Remove the pump cover and locate the anti-stow pressure switch.**
    b. **Remove the "jam" set screw in the center of the switch and turn the adjusting set screw one half turn counterclockwise.**

    c. **Place the test weight in the prescribed location.**
    d. **Adjust pressure switch in the counterclockwise direction until such point where when the Stow function is depressed, the lift will not stow with the test weight in the prescribed location. It is good practice to adjust the switch 1/8-1/4 turn at a time.**
    e. **Once pressure switch is set, replace the lock screw. Note – When tightening the lock screw, the adjustment screw may turn up to ¼ turn.**
    f. **Re-test to make sure lift will not stow with test weight in prescribed location**
    g. **Remove test weight**
    h. **Depress the stow switch. Lift should stow with empty platform.**

Note – Previous procedures relied on the number of "clicks" heard from the pump solenoid. It is normal for a properly adjusted lift to execute 15 or more "clicks".

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.

SAME AS IN FIELD

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.

RICON'S RECALLS INVOLVE TWO CUSTOMERS UPON NHTSA APPROVAL FORMAL CONTACT CAN BE IMMEDIATE.

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.

******NOTE – ATTACHED DOCUMENTS SHOW THAT INITIAL CUSTOMER CONTACT WAS PREVIOUSLY MADE AND ATTACHCED RECALL NOTICE # HAS BEEN ADDRESSED, COMPLETED AND RECORDED BY RICON.******