

Safety Defect and Noncompliance Report Guide for Vehicles  
**PART 573 Defect and Noncompliance Responsibility and Reports<sup>1</sup>**

On January 22, 2009, Comm Trans [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: January 22, 2009 \_\_\_\_\_

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.

Sully Corporation d.b.a. Comm Trans  
792 South Cooper, Memphis TN 38104

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

John Brannigan

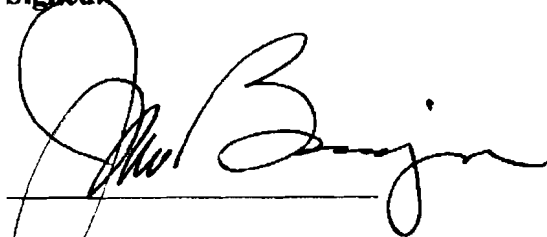
Telephone Number: 901-726-9394 x 142 Fax No.: 901-272-1198

Name and Title of Person who prepared this report.

John Brannigan

Executive Vice President

Signed:



RECEIVED  
2009 JANUARY 26 - 9:00 AM  
OFFICE OF RECALL  
MANAGEMENT DIVISION

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](mailto: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 - 2008 **Model(s):** E250 / E350

**Production Dates: Beginning:** 4-1-05 **Ending:** 09-30-07

**VIN Range: Beginning:** 1FDSS34L45E **Ending:** 1FTSS34L97D

**Vehicle Type:** Econoline **Bodystyle:** Cargo Van

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

ADA Conversion Vans

**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.**

11.1%

## **II. Identify the Recall Population**

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

| <b><u>Model</u></b>       | <b><u>Year</u></b> | <b><u>Number of Vehicles<br/>Potentially Involved</u></b> |
|---------------------------|--------------------|---|
| Comm Trans ADA Conversion | 2005               | 37  |
|                           | 2006               | 45  |
|                           | 2007               | 26  |
|                           |                    |   |
|                           |                    |   |
|                           |                    |   |
|                           |                    |   |
|                           |                    |   |

**Total Number Potentially Affected by the Recall:** 108

**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:**

Information provided by Ricon

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### **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.**

The adjustment switch is out of adjustment

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

Lift may stow with 50 LB Weight

**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

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 – General Manager

#### **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.**

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6 – Notice from Ricon

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7 – Notice from Ricon

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#### **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 remedy will be applied as describes in the OEM letters that will be sent. This is only a component and only and adjustment is needed. One and half hours of labor will be paid.

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**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.**

Adjustment platform switch per the manufacturers 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.**

Comm Trans will submit this recall notice, provide Ricon with letterhead that they can notify customers of ours using the recall lift.

## **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](mailto: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.**