

# MAIN MOBILITY

"MAKING MOBILITY EASY"

9580 Main Street  
Clarence, NY 14031  
Phone: 716-759-6811 Fax: 716-759-6812

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

On May 5, 2010, Main Mobility, Inc. [MFR] decided that (a defect which relates to motor vehicle safety)(a noncompliance with Federal Motor Vehicle Safety Standard No. 403/404) 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: May 7, 2010

Furnish the manufacturer's identification code for this recall (if applicable): 09E-061

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.

Main Mobility, Inc.

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

Thomas McGraw, General Manager

Telephone Number: (716) 759-6811 Fax No.: (716) 759-6812

Name and Title of Person who prepared this report.

Thomas McGraw

**Signed:** 

<sup>1</sup> 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).

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General Manager \_\_\_\_\_

## 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): Chevrolet/GMC Model Years Involved: 2008-2009 Model(s): Express 3500/Savana 3500

Production Dates: Beginning: October, 2007 Ending: Present

VIN Range: Beginning: 1GBHG39K081164833 Ending: 1GDHG39K991157131

Vehicle Type: VAN Bodystyle: VAN

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

Has Ricon wheelchair lift installed

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:

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**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. 60%**

## **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 Potentially Involved</u></b>
<u>Chevrolet Express/GMC Savana</u>	<u>2008</u>	<u>70</u>
<u>Chevrolet Express/GMC Savana</u>	<u>2009</u>	<u>63</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>

**Total Number Potentially Affected by the Recall: 133**

**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:**

The recall was determined based upon the recall of the Ricon Corporation, manufacturer of the wheelchair lifts installed in these vehicles. The recalled models were selected as they are the only models on which Main Mobility builds wheelchair conversions. The dates of manufacture were determined from the start date of production of the recalled wheelchair lifts to present, as there is still one of these lifts in the inventory of Main Mobility, Inc.

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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.**

See Ricon Recall 09E-061.

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

See Ricon Recall 09E-061.

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

See Ricon Recall 09E-061.

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

See Ricon Recall 09E-061.

**If the defect or noncompliance is in a component or assembly purchased from a supplier, identify the supplier by corporate name and address.**

See Ricon Recall 09E-061.

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

See Ricon Recall 09E-061.

## **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 Recall 09E-061.

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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.**

See Ricon Recall 09E-061.

**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 Recall 09E-061.

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

See Ricon Recall 09E-061.

**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 Recall 09E-061.

## **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.**

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See Ricon Recall 09E-061.

## **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.**