Safety Defect and Noncompliance Report Guide for Vehicles

PART 573 Defect and Noncompliance Report[3]

On , November 16, 2011, MEDIX Specialty Vehicles, Inc. determined that a noncompliance with Federal Motor Vehicle Safety Standard No. 208 S4.2.7 exits 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 Reports.

Date this report was prepared: **November 21, 2011**

Furnish the manufacturer's identification code for this recall (if applicable): **_n/a_**

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.

MEDIX Specialty Vehicles, Inc.
3008 Mobile Drive Elkhart, IN 46514

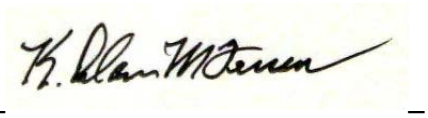
Identify the corporate official, by name and title, whom the agency should contact with respect to this recall.

K. Alan McFerren

Telephone Number: **574-266-0911** **Fax No.: 574-266-6669**

Name and Title of Person who prepared this report.

K. Alan McFerren
VP- Standards / Compliance

Signed: __  **_**

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**: **07, 08, 09, 10, 11 (partial)** **Model(s)**:**E-350 Cargo Van**

Production Dates: **Beginning**: **September 1, 2007** **Ending**: **November 16, 2011**

VIN Range: **Beginning**: **_____n/a_____** **Ending**: **_____n/a_____**

Vehicle Type: **MPV** **Bodystyle**: **AMBULANCE, Type II**

Descriptive information which characterizes/distinguishes the recalled vehicles from those model vehicles not included in the recall:
Vehicles included in the recall have a GVWR of less than 10,000 lbs. and have a rear facing seat with a Type 1 seat belt.

Make(s): **CHEVROLET** **Model Years Involved**: **07, 08, 09, 10, 11 (partial)**
Model(s): **G-3500 Cargo Van**

Production Dates: **Beginning**: **September 1, 2007** **Ending**: **November 16, 2011**

VIN Range: **Beginning**: **_____n/a_____** **Ending**: **_____n/a_____**

Vehicle Type: **MPV** **Bodystyle**: **AMBULANCE Type II**

Descriptive information which characterizes/distinguishes the recalled vehicles from those model vehicles not included in the recall:
Vehicles included in the recall have a GVWR of less than 10,000 lbs. and have a rear facing seat with a Type 1 seat belt.

Make(s): **DODGE** **Model Years Involved**: **2009** **Model(s)**: **Sprinter 2500 HD Van**

Production Dates: **Beginning**: **September 1, 2007** **Ending**: **November 16, 2011**

VIN Range: **Beginning**: **_____n/a_____** **Ending**: **_____n/a_____**

Vehicle Type: **MPV** **Bodystyle**: **AMBULANCE Type II**

Descriptive information which characterizes/distinguishes the recalled vehicles from those model vehicles not included in the recall:
Vehicles included in the recall have a GVWR of less than 10,000 lbs. and have a rear facing seat with a Type 1 seat belt.

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. What was the percentage of the recalled Type II Ambulances during this time period. ___87%___

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	2007	25
CHEVROLET	2007	27
FORD	2008	47
CHEVROLET	2008	24
FORD	2009	86
CHEVROLET	2009	18
DODGE Sprinter	2009	4
FORD	2010	70
CHEVROLET	2010	1
FORD	2011	56
CHEVROLET	2011	2

Total Number Potentially Affected by the Recall: **360**

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:

Production Schedules for the designated time period were sorted by vehicle types to identify all Type II Ambulances produced. The Build Order for each vehicle was examined to identify the type of seat belt installed, the type of seat, color and manufacturer of the chair or seat cushions. All vehicles with Type 1 seat belts on the rear facing Technician's seat were selected. The basis for the Beginning Date is the effective date of FMVSS 208 S4.2.7. Ending Date is the date of discovery of non-compliance. As of the Date of this Report all vehicles in production or completed and awaiting delivery either have chairs with Type 2 seat belts installed or are awaiting delivery of chairs with Type 2 seat belts from the supplier.

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.

MEDIX discovered that certain Type II ambulances manufactured between 9/1/2007 and 11/16/2011 were not in compliance with FMVSS 208 Occupant Crash Safety due to installation of seats in a rear facing position equipped with a Type I seat belt instead of the required Type II seat belt assembly.



Describe the cause(s) of the defect or noncompliance condition.
Due to administrative oversight, MEDIX installed seats in a rear facing position in the patient compartment with a Type I seat belt configuration causing non-compliance with FMVSS 208.

Describe the consequence(s) of the defect or noncompliance condition.
Use of a non-conforming seat belt may increase the risk of injury to the seat occupant in the event of a crash.

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

1. **Wise Seating, Inc.**
   Teresa Williams, Sales Manager
   5535 Pleasant View Road
   Memphis, TN 38134
   800-251-2622

2. **EVS, Ltd**
   Brad Bay, Sales Manager
   3702 West Sample Street
   South Bend, IN 46619
   574-233-5707

IV. Provide the Chronology in Determining the Defect/Noncompliance

If the recall is for a defect, complete item 6, otherwise item 7.
6. ***delete item as non-applicable***

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.
At a meeting with one of seat and associated seat belt assembly suppliers, an employee of MEDIX was alerted to the fact that FMVSS 208 had language requiring a Type II seat belt in a rear facing seat position in vehicles less than 10,000 lbs. Upon the employee's return to MEDIX on 11/16/2011 the Standard was reviewed and a determination was made that we had installed non-compliant seat belt configurations in a number of vehicles after September 1, 2007.

V. Identify the Remedy

8. Furnish a description of the manufacturer's remedy for the defect or noncompliance.
MEDIX Specialty Vehicles, Inc. will replace the non-compliant seat and seat belt with compliant Type II technician seats. Replacement of the seats will be accomplished by removing the non-compliant seating from the seat base and replacing with compliant seating since both seats utilize identical mounting fasteners and mounting hole placement. The replacement will be performed by MEDIX personnel, authorized dealers or contractors trained by MEDIX.

Clearly describe the differences between the recall condition and the remedy.
The compliant seat is clearly distinguishable from the non-compliant seat by the visible Type II lap/shoulder belt.

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

Before: Child Safety Seat on steel base with Type 1 seat belt assembly

After: Child Safety Seat on steel base with Type 2 seat belt 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.

Upon determining that we were using non-compliant seat belt assemblies, Production was notified verbally and then received written Change Orders deleting the non-compliant seating and adding the compliant seating with the integral Type 2 seat belt assemblies. The remedy for current production models will be the same as the remedy exercised in the field for the product recall. The chairs with the Type 1 seat belt assemblies have not been discontinued and are compliant in ambulances with a GVWR over 10,000 lbs. The standard product offering for Type II Van Ambulances have been changed to reflect the compliant seating.

VI. Identify the Recall Schedule

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.

1. **Recognition of Non-Compliance- November 16, 2011**
2. **Identification of potential remedy- November 17-18, 2011**
3. **Identification of specific vehicles with Non-Compliant Seating- November 19, 2011**
4. **Identification of the number and color of seats required for Recall- November 20, 2011**
5. **Engineering Change Notice for Standard production to seating w/Type II seat belt assembly- November 20, 2011**
6. **Notice of Non-Compliance filed- November 22, 2011**
7. **Verification of all dealers and customers in possession of non-compliant vehicles-**
8. **Notification of Non-Compliance to Dealers and Customers-** *(accomplish within 30 days)*
9. **Receipt of initial number of replacement seats-**
10. **Dispatch of remediation team(s) to customers-**
11. **Receipt of Recall Completion Statements-**
12. **Reporting to NHTSA as required-**
13. **Recall declared Complete-**

VII. Furnish Recall Communications

9. 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) for review prior to mailing. **Note that these documents are to be submitted separately from those provided in accordance with Part 573.8 requirements.**

MEDIX Specialty Vehicles, Inc. will comply with this section when those communications are drafted.