

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

On April 9, 2012 STARTRANS [MFR] decided that a defect which relates to motor vehicle safety 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: 04/14/12

Furnish the manufacturer's identification code for this recall (if applicable): \_\_\_\_\_

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.

Supreme Corp. - STARTRANS BUS

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

Kevin WALKER  
ENGINEERING MGR.

Telephone Number: 574-642-0811 Fax No.: 574-642-0812

Name and Title of Person who prepared this report.

SAME

Signed:

Kevin Walker

<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.

**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): \_\_\_\_\_ 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): MFSAB Model Years Involved: 5 Model(s): Wheel Chair Lift

Production Dates: Beginning: 11/2006 Ending: 09/2010

VIN Range: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_

Vehicle Type: \_\_\_\_\_ Bodystyle: \_\_\_\_\_

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

SEE ATTACHED INFORMATION FROM BRAVA  
\_\_\_\_\_  
\_\_\_\_\_

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.

< .5%



III. Describe the Defect or Noncompliance

1. 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.

Refer to attached copy of  
Letter

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

See letter from THE BRAUN CORPORATION

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

See letter from THE BRAUN CORPORATION

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

UNKNOWN AT THIS TIME

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

THE BRAUN CORPORATION  
P.O. Box 310  
WILMINGTON, IN 46996

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

BOB COOK - 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.

REFERENCE EMAIL AND LETTER, TSB AND  
REMOBY FROM THE BRAUN 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.

THROUGH OUR RECORDS DETERMINE A LIST OF  
CUSTOMERS VIA LETTER CONTACT INSTRUCTING  
OWNERS WHAT TO DO. (REMEDY). THE INFORMATION  
SENT SHOULD INSTRUCT THE OWNER TO FOLLOW THE  
BULLETIN GUIDELINES.

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 COPY OF BRAUN LETTER

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

SEE COPY OF BRAUN LETTER

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.

REF. BRAUN RECALL # 12E002

#### 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.

4/9/12 ← STARTERS NOTIFIED OF DEFECT

4/14/12 ← NHTSA CONTACTED/NOTIFIED OF NON-COMPLIANCE (593)

? ← DOE OFFICE CONTAINS INFORMATION SENT FROM STARTERS

? ← DRAFT LETTER SUBMITTED / APPROVED

← STARTING IN MAY, 2012

OWNERS WILL BE CONTACTED.

## 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.