

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

On March 15<sup>th</sup>, 2012, ~~2010~~, Tiffin Motorhomes, Inc. [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: March 15<sup>th</sup>, 2012

Furnish the manufacturer's identification code for this recall (if applicable): 12S27 (Ford's #)

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.

Tiffin Motorhomes, Inc.  
105 2nd St. NW  
Red Bay AL 35582

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

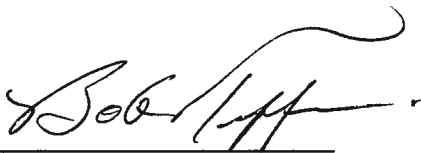
Bob Tiffin, President

Telephone Number: 256-350-8601 Fax No.: \_\_\_\_\_

Name and Title of Person who prepared this report.

Liz Jones  
Office Secretary

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.

**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:**

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**Production Dates: Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_**

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

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

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**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.**

**II. Identify the Recall Population**

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

<b>Model</b>	<b>Year</b>	<b>Number of Vehicles Potentially Involved</b>
Allegro	2010	126
Allegro	2011	686
Allegro	2012	420
undefined to date		18

**Total Number Potentially Affected by the Recall:** 1250

**4. Furnish the approximate percentage of the total number of vehicles estimated to actually contain the defect or noncompliance:**

**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:**

On 3-13-12 Ford sent Tiffin an email with a listing of VINs involved with recall that had been sold to Tiffin.

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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.

It is possible, over time, the cable for the transmission range indicator "PRND321" on the instrument cluster could be cut allowing indicator to remain in the "1" position (first gear) regardless of what gear is selected.

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

May be cut due to a sharp edge on the shift lever arm.

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

With no gear indication, the operator may inadvertently select an incorrect gear, increasing the risk 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.

Ford would have to address this question as Tiffin does not know.

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

**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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**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.**

Ford HAS authorized Ford dealerships to replace the transmission range indicator assembly + shift lever arm free of charge (parts + labor).

**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.**

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

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**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.**

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**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.**

Ford has sent letter to all the customers warranty registered with them. They sent us a letter to forward to the ones that were not. We did, and we are having the ones still in our possession sent to a Ford dealership to be repaired.

## **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.**