



**Vehicles for life**  
**IMPORTANT SAFETY RECALL**  
**NHTSA RECALL NUMBER – 17V-334**

JULY 2017

This notice applies to your Road Rescue Ambulance with a VIN number listed below.

VIN	Customer Name	Dealer Name
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**SUBJECT: Stryker Power Load & Performance Load systems on Road Rescue 2” Subfloors**

Dear Dealer Name,

This notice is sent to you in accordance with the requirements of the National Highway Traffic and Motor vehicle Safety Act.

REV Ambulance Group Orlando, Inc (REVO) has decided that a defect which relates to motor vehicle safety exists in certain 2012 – 2017 model year Road Rescue ambulances equipped with a 2” subfloor and Stryker Powerload or Performance Load cot fastener systems. The bolts used to install the cot securing system to the floor may be too short.

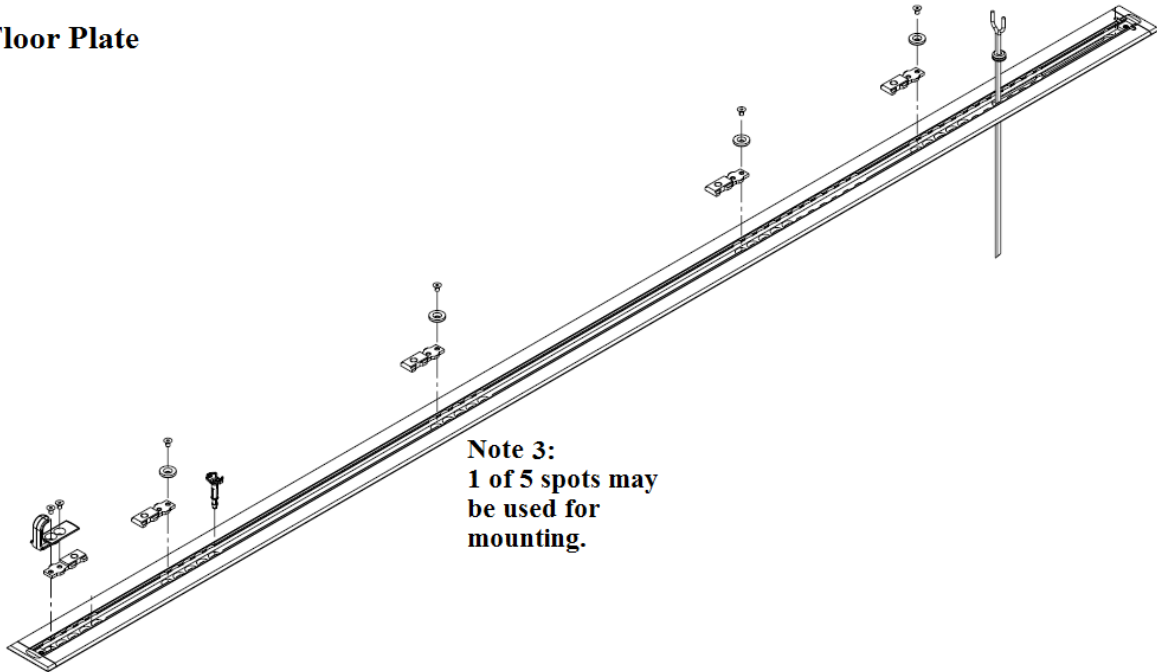
Proper installation is essential to achieve appropriate retention of the cot system. In the event of a crash or sudden vehicle maneuvers, failure to restrain the cot system could cause a potential hazard, possibly resulting in injury to the vehicle occupants.

### **CORRECTION**

With access to the adaptable floor plate, the customers or dealers should

1. Torque check all (5) bolts to a 40 FT-LB torque.
2. Should any bolt continuously turn, remove the bolt to inspect bolt length: each bolt should be a 3” in length, 3/8-16 UNC (Unified National Course) socket head cap (p/n 1124294).
3. If the bolt hole is stripped and there is access underneath to thru-bolt, proceed by adding a flat washer (33859), lock washer (33893) and nut (36406). If access is not available, using a drill and a 9/16” drill bit, drill a new mounting bolt hole thru an adjacent hole (see image below Note 3) in the floor plate. Follow this up with using a 5/16” drill thru the structural flatbar and 3/8” tap bit.

**Floor Plate**



**PART INFORMATION**

Parts required to complete this program are to be obtained from REV Ambulance Orlando, Inc. Correct part numbers are listed in the table below.

Part Number	Description	Quantity/Vehicle
1124294	3", 3/8-16 UNC (Unified National Coarse) Flat head cap screw	5
33859	3/8" USS Flat Washer Grade 8 Zinc/Yellow	5*
33893	3/8" Split Lock Washer Medium High Alloy	5*
36406	3/8-16 Hex Nut Grade 8 Zinc/Yellow	5*

\*Only required should you option to thru-bolt.

**CUSTOMER REIMBURSEMENT - For US**

2737 N. Forsyth Road | Winter Park, FL 32792 | Phone (855) 661-9232



This repair is estimated to take 90 minutes. REVO will reimburse for 90 minutes labor.

When a customer requests reimbursement, they must provide the following:

A completed Recall Claim form and their own unique estimate/repair order. This form is mailed to the customer or can be obtained through REVO Ambulance Group Orlando, Inc.

or

Paid receipt confirming the amount of the repair expense, a description of the repair, and the person or entity performing the repair.

Any questions or concerns should be reviewed with your REVO representative prior to processing the request.

**Rev Ambulance Group Orlando, Inc. Customer Service contact information is as follows: Phone: 855-661-9232**

Federal law requires any lessor who receives a notification of a determination of a safety-related defect or noncompliance pertaining to any leased motor vehicle shall send the notice to the lessee within 10 days.

If you are no longer owner of this vehicle, please provide us with any contact information so we may contact the new owner.

If Rev Ambulance Group Orlando, Inc. fails or is unable to arrange for a remedy, you may submit a complaint to the Administrator, National Highway Traffic Safety Administration, 1200 New Jersey Avenue, S.E., Washington, DC 20590 or call toll-free Auto Safety Hotline at 1-888-327-4236 & (TTY 1-800-424-9153); or go to [www.safercar.gov](http://www.safercar.gov).

Sincerely,

Ruth Gabaud  
Customer Service Manager



**RECALL CLAIM FORM  
RECALL # 17V-131**

**Form must be fully completed and  
EMAILED TO  
[revorlandoservice@revgroup.com](mailto:revorlandoservice@revgroup.com).**

Date: \_\_\_\_\_

Please print clearly.

<b>Customer Section</b>			
Name: _____	Phone: _____		
Address: _____			
City: _____	State/ Province: _____	Country: _____	Zip/Postal Code: _____
<b>Are you submitting an estimate for labor? If yes, provide the Repair Order #</b>		<b>Will parts be shipped to customer?</b> <input type="checkbox"/> Yes    or <input type="checkbox"/> No	
<b>Dealer or Repair Facility Section</b>			
Company Name: _____	Contact Name: _____		
Address: _____			
City: _____	State/ Province: _____	Country: _____	Zip/Postal Code: _____
Email Address: _____	Phone: _____	Fax: _____	
<b>Are you submitting an estimate for labor? If yes, provide the Repair Order #</b>		<b>Will parts be shipped to dealer/repair facility?</b> <input type="checkbox"/> Yes    or <input type="checkbox"/> No	
<b>Vehicle Information</b>			
<b>***Only 1 vehicle per claim form***</b>			
Sales Order #:	Full VIN:	Current Mileage:	

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