

Safety Defect and Noncompliance Report Guide for Vehicles

PART 573 Defect and Noncompliance Report

Date: 12-6-2012

This report serves as [insert reporting manufacturer's name]'s notification to the U.S. Department of Transportation, National Highway Traffic Safety Administration that a [insert as applicable: "defect related to motor vehicle safety" or "noncompliance with Federal Motor Vehicle Safety Standards"] exists in certain [identify the vehicles at issue]. [Manufacturer] decided that this [insert "defect" or "noncompliance," as applicable] existed in these vehicles on [insert date].

I. Manufacturer, Designated Agent, and Other Chain of Distribution Information

Manufacturer's corporate name: Coach and Equipment Mfg. Corp.

Vehicle brand or trademark name owner(s) (where applicable): Phoenix, MetroLite

Designated Agent (imported vehicles):

If this notification concerns a defective or noncompliant component that the above identified manufacturer did not manufacture, identify that component and provide the name, address, and phone number of the manufacturer of the component (if this manufacturer is unknown, provide this information as to the supplier of the component):

Ricon DOT Public Use Sand K Series wheelchair lifts
manufactured between August 1, 2006 and September 29, 2012
Equipped with an optional armored cord on the hand held pendant

Ricon Corp
A Wabtec Company
7400 Nelson Rd.
Panorama City, CA 91402
Phone # 818-267-3000

Name, address, email, and phone and fax numbers for the person(s) to whom inquiries about this report should be directed:

George D'Amato
130 HORIZON Park Drive
Penn Yan N.Y. 14527
george.damato@coach-equipment.com 315-536-2321 EXT 1206
FAX 315-536-0460

Manufacturer's assigned campaign number (where applicable): 12E-038 RICON S #

II. Identification of the Recall Population and Its Size

Complete the tables below for each group of vehicles subject to this notification. Additional tables may be necessary where there are more than three groups subject to a notification.

| | |
|---|---------------------------------------|
| Make: | Coach And Equipment |
| Model: | Phoenix |
| Model Year(s): | 2006 - 2012 |
| Inclusive dates of manufacture (month and year): | Between August 2006 and November 2012 |
| Body Style/Type (for non-passenger cars): | TRANSIT BUS |
| Other information necessary to describe these vehicles (e.g., VIN range, GVWR or class for trucks, displacement for motorcycles, and number of passengers for buses): | |
| Total number of these vehicles: | 313 |

| | |
|---|--|
| Make: | Coach And Equipment |
| Model: | Metro Lite |
| Model Year(s): | 2007, 2009 |
| Inclusive dates of manufacture (month and year): | Between January 2007 and December 2009 |
| Body Style/Type (for non-passenger cars): | TRANSIT BUS |
| Other information necessary to describe these vehicles (e.g., VIN range, GVWR or class for trucks, displacement for motorcycles, and number of passengers for buses): | |

| | |
|---------------------------------|----|
| | |
| Total number of these vehicles: | 10 |

| |
|---|
| Make: |
| Model: |
| Model Year(s): |
| Inclusive dates of manufacture (month and year): |
| Body Style/Type (for non-passenger cars): |
| Other information necessary to describe these vehicles (e.g., VIN range, GVWR or class for trucks, displacement for motorcycles, and number of passengers for buses): |
| Total number of these vehicles: |

Provide the following information as to all the groups of vehicles:

Grand total number of vehicles: 323

The percentage of the recall population you estimate actually contain the defect or noncompliance: 100%

Identify and describe how the recall population was determined (e.g., on what basis the recalled models were selected and how the inclusive dates of manufacture were determined):

Ricon Corp supplied a list of the concerned wheelchair lifts. We used this to cross reference the buses they were purchased for.

Describe how the recall population is different from any similar vehicles not subject to this notification:

These ARE buses that had Ricon lifts with an optional armored cord on the hand pendant.

III. Description of the Defect or Noncompliance and Chronology of Events

Describe the defect or noncompliance, including a summary and detailed description of the nature and physical location (if appropriate) of the defect or noncompliance. Graphic aids should be provided where necessary.

The affected lifts are equipped with a hand held pendant control where upon the cord is protected by a flexible, steel conduit (armored pendant cable) and an external power lug at the base of the hydraulic pump.

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

In the event the lift is installed such that the armored pendant cable is not managed to be kept clear of the wheelchair lift and the protective, elastomeric cover is either omitted or improperly installed on the power lug. The armored pendant cable may contact the power lug.

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

High current short circuit and the possibility of fire.

Identify any warning(s) that may precede the defect or noncompliance condition.

N/A

For defects, provide a dated, chronological summary of all the principle events that were the basis for the determination that the defect is related to motor vehicle safety, including a summary of all warranty claims, field or service reports, and other information such as numbers of crashes, injuries and fatalities.

Ricon: Safety Standard RECALL Notification 1ZE038

For noncompliances, identify the test results and other information considered in determining the existence of the noncompliance, and provide the date of each test and observation indicative of that noncompliance.

N/A

IV. The Remedy Program and Its Schedule

Describe the program for remedying the defect or noncompliance, including the plan for reimbursing those owners and purchasers who may have incurred costs to remedy the defect or noncompliance before receiving the manufacturer's notification concerning that defect or noncompliance. Also include, where applicable, details with dates concerning any production remedy that was conducted or will be conducted.

Ricon Corp will provide instructions for managing the pendant cord and will supply a supplemental cover kit at no charge. It will be the responsibility of the lift owners to install the kit.

Provide the estimated date(s) on which owner and purchaser notifications will be issued and the estimated date(s) for completion of those notifications.

12/21/12

Provide the estimated date(s) on which dealer and distributor notifications will be issued and the estimated date(s) for completion of those notifications.

12/21/12

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

Ricon has this info. I have not seen the kit they will supply.