

Safety Defect and Noncompliance Report Guide for Equipment
PART 573 Defect and Noncompliance Report¹

On February 29, 2008, RICON [MFR] decided that (a defect which relates to motor vehicle safety)(a noncompliance with Federal Motor Vehicle Safety Standard No. 403) exists in items of motor vehicle equipment 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: 10/3/08

Furnish the manufacturer's identification code for this recall (if applicable): # 07E-095

1. Identify the full corporate name of the fabricating manufacturer/brand name/trademark owner of the recalled item of equipment. If the recalled item of equipment is imported, provide the name and mailing address of the designated agent as prescribed by 49 U.S.C. §30164.

WMK INC. dba MobilityWORKS
1090 W. Wilbeth Road
AKRON, Ohio 44314

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

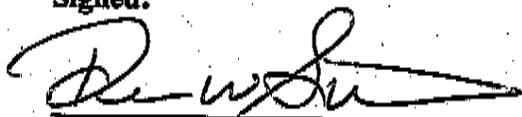
DENNIS SUMMERS
VICE PRESIDENT - OPERATIONS

Telephone Number: 800-767-8267 Fax No.: 330-861-0283

Name and Title of Person who prepared this report.

DENNIS SUMMERS
VICE PRESIDENT - OPERATIONS

Signed:



¹Each manufacturer must furnish a report, to the Associate Administrator for Enforcement, for each defect or noncompliance condition which relates to motor vehicle safety.

This guide was developed from 49 CFR Part 573, "Defect and Noncompliance Reports" and also outlines information currently requested. Any questions, please consult the complete Part 573 or contact Mr. George Person at (202) 366-5210, by FAX at (202) 366-7882, or E-Mail to RMD.ODI@dot.gov.

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DEFECTS INVESTIGATION
RECALL MGMT DIV.

I. Identify the Recalled Items of Equipment

2. Identify the Items of Equipment Involved in this Recall, for each make and model or applicable item of equipment product line (provide illustrations or photographs as necessary to describe the item of equipment), provide:

Generic name of the item: VEHICLE

Make: FORD Model: E350

Part Number: RICON LIFT Size: 34" X 54"

Function: WHEELCHAIR LIFT

Other information which characterizes/distinguishes the items of equipment to be recalled:

LIFT MODEL YEARS 4/1/05 - 10/09/07

Make: FORD Model: E-250

Part Number: RICON LIFT Size: 34" X 54"

Function: WHEELCHAIR LIFT

Other information which characterizes/distinguishes the items of equipment to be recalled:

LIFT MODEL YEARS 4/1/05 - 10/09/07

Make: FORD Model: E-150

Part Number: RICON LIFT Size: 34" X 54"

Function: WHEELCHAIR LIFT

Other information which characterizes/distinguishes the items of equipment to be recalled:

LIFT MODEL YEARS 4/1/05 - 10/09/07

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 Equipment equipped with certain items of equipment from January 1, 1996, through April 1, 1997, then what was the percentage of the recalled Equipment of all Equipment manufactured during that time period.

I. Identify the Recalled Items of Equipment

2. Identify the Items of Equipment Involved in this Recall, for each make and model or applicable item of equipment product line (provide illustrations or photographs as necessary to describe the item of equipment), provide:

Generic name of the item: VEHICLE

Make: FORD Model: E-450

Part Number: RISON LIFT Size: 34" x 54"

Function: WHEELCHAIR LIFT

Other information which characterizes/distinguishes the items of equipment to be recalled:
LIFT Model YEARS 4/1/05 - 10/09/07

Make: CHEVY Model: EXPRESS

Part Number: RISON LIFT Size: 34" x 54"

Function: WHEELCHAIR LIFT

Other information which characterizes/distinguishes the items of equipment to be recalled:
LIFT Model YEARS 4/1/05 - 10/09/07

Make: CHEVY Model: SAVANA

Part Number: RISON LIFT Size: 34" x 54"

Function: WHEELCHAIR LIFT

Other information which characterizes/distinguishes the items of equipment to be recalled:
LIFT Model YEARS 4/1/05 - 10/09/07

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 Equipment equipped with certain items of equipment from January 1, 1996, through April 1, 1997, then what was the percentage of the recalled Equipment of all Equipment manufactured during that time period.

I. Identify the Recalled Items of Equipment

2. Identify the Items of Equipment Involved in this Recall, for each make and model or applicable item of equipment product line (provide illustrations or photographs as necessary to describe the item of equipment), provide:

Generic name of the item: VEHICLE
Make: Dodge Model: SPRINTER (2500)
Part Number: LIFT ^{Ricom} Size: 34" X 54"
Function: WHEELCHAIR LIFT

Other information which characterizes/distinguishes the items of equipment to be recalled:
LIFT MODEL YEARS 4/1/05 - 10/09/07

Make: _____ Model: _____

Part Number: _____ Size: _____

Function: _____

Other information which characterizes/distinguishes the items of equipment to be recalled:

Make: _____ Model: _____

Part Number: _____ Size: _____

Function: _____

Other information which characterizes/distinguishes the items of equipment to be recalled:

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 Equipment equipped with certain items of equipment from January 1, 1996, through April 1, 1997, then what was the percentage of the recalled Equipment of all Equipment manufactured during that time period.

II. Identifying the Recall Population

3. Furnish the total number of items of equipment recalled potentially containing the defect or noncompliance.

	<u>Model</u>	<u>Year</u>	<u>Number of Items Potentially Involved</u>
Ford	E150	2007, 2008	9
	E250	2006, 2007, 2008	130
	E350	2004, 2005, 2006, 2007	75
	E450	2006	1
chevy	2500	2005, 2006, 2007	5
	1500	2007	1
Dodge	2500	2006	3
Total Number Potentially Affected by the Recall:			<u>224</u>

4. Furnish the approximate percentage of the total number of items of equipment 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 items of equipment:

NHTSA COMPLIANCE TEST
REPORT # 638657A AND NHTSA 2007-28/40
FORMED THE BASIS FOR RICON CORPORATION'S
DETERMINATION OF NONCOMPLIANCE.

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.

THE THRESHOLD WARNING SYSTEM MAY NOT detect the presence of a "wheelchair test device" when tested in accordance with 57.4 of the FMVSS 403.

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

Results From Misinterpretation of the testing parameters.

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

THE THRESHOLD WARNING SIGNAL MAY NOT ACTIVATE WHEN A CERTAIN POINT ON THE THRESHOLD AREA IS ENCROACHED.

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

WITH PLATFORM ONE INCH below Floor level, WARNING SYSTEM will ACTIVATE when wheelchair enters Threshold AREA but MAY DEACTIVATE if wheelchair continues to MOVE FORWARD.

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

RICON CORPORATION

A DIVISION OF VAPOR BUS INTERNATIONAL

7900 NELSON ROAD

PANORAMA CITY, CA 91402

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

OSCAR PARDINAS

VICE PRESIDENT SALES AND MARKETING

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. REFER TO ATTACHED RICON LETTER DATED

7. With respect to a noncompliance, identify and provide the test results or other data (in 11/2/07 chronological order and including dates) on which the noncompliance was determined.

REFER TO ATTACHED RICON LETTER DATED
11/2/07.

V. Identify the Remedy

8. Furnish a description of the manufacturer's remedy for the defect or noncompliance. Clearly describe the differences between the recall condition and the remedy.

REFER TO ATTACHED RICON LETTER
DATED 11/2/07.

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

REFER TO ATTACHED RICON LETTER
DATED 11/2/07.

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.

REFER TO ATTACHED RIVEN LETTER
DATED 11/2/07.

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 Schedule - INVESTIGATE ALL CUSTOMER FILES FROM 4/1/05 - 10/9/07 TO CONFIRM VEHICLES CONTAINING IDENTIFIED RECALL LIFTS. RESEARCH SHIPMENTS AFTER 10/9/07 TO IDENTIFY ALL RECALL LIFTS. BEGIN PROCESS → 9/18/08 ; END PROCESS → 10/18/08.
- ② MAIL NOTIFICATION LETTER TO CUSTOMERS. BEGIN PROCESS → 10/20/08 ; END PROCESS → 10/24/08

VII. Furnish Recall Communications

- ③ PROBLEMS - MANUAL SEARCH OF RECORDS (OVER 2,000).

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: These documents are to be submitted separately from those provided in accordance with Part 573.8 requirements.



Ricon Corporation
A Division of Vapor Bus International
7900 Nelson Road
Panorama City, CA 91402

Phone: 818.267.3000
Fax: 818.267.3001
www.Wabtec.com

07E-095
(8 pages)

November 2, 2007

RECEIVED
2007 NOVEMBER 7 9:00A
DEFECTS INVESTIGATION
RECALL MGMT DIV.

Mr. Dan Smith
Associate Administrator for Enforcement
NHTSA - 215
1200 New Jersey Ave., SE
Washington D.C. 20590

Subject: Part 573 Defect and Noncompliance Responsibility Report – Threshold Warning System
Reference: FMVSS 403 compliant S & K-series Public and Private Use Lifts

Dear Sir:

On November 1, 2007, Ricon Corporation determined that a noncompliance with Federal Motor Vehicle Safety Standard 403 exists in items of motor vehicle equipment listed below, and is furnishing notification to the National Highway Traffic Safety Administration in accordance with 49 CFR Part 573 – Defect and Noncompliance Reports.

This report was prepared on November 2, 2007

1. The full corporate name of the fabricating manufacturer is:

Ricon Corporation
A Division of Vapor Bus International
7900 Nelson Road
Panorama City, CA 91402

The corporate officials that the agency should contact with respect to this recall are:

Stanton Saucier
General Manager
ssaucier@wabtec.com
Phone 818 267-3016
Fax 818 267-3187

William Hinze
Director - Marketing
whinze@wabtec.com
Phone 818 267-3012
Fax 818 267-3139

Sincerely,

William Hinze
Director of Marketing



Ricon Corporation
A Division of Vapor Bus International
7900 Nelson Road
Panorama City, CA 91402

Phone: 818.267.3000
Fax: 818.267.3001
www.Wabtec.com

Ricon Corporation
Part 573 Defect and Noncompliance Responsibility Report
Threshold warning signal – (S6.10.2.3)

1. Identify the Recalled Items of Equipment

2. Identify the Items of Equipment Involved in this Recall:

- a. This recall applies to the Threshold Warning System that is used on Ricon's platform style wheelchair lifts.
- b. There are two Model names for these platform lifts, which includes FMVSS 403 Public Use and Private Use applications:

- (1) "S" Series
- (2) "K" Series

- c. The model numbers for the "S" Series lifts are:

S1200
S2003
S2005
S2010
S5503
S5505
S5510

- d. The model numbers for the "K" Series lifts are:

K1200
K2003
K2005
K2010
K5503
K5505
K5510



Ricon Corporation
A Division of Vapor Bus International
7900 Nelson Road
Panorama City, CA 91402

Phone: 818.267.3000
Fax: 818.267.3001
www.Wabtec.com

II. Identify the Recall Population

- 3. Identify the Recall Population:** Lifts manufactured between April 1, 2005 and October 9, 2007 inclusive.
- 4. Approximate percentage of total wheelchair lifts estimated to actually contain the defect or noncompliance:** 100%

III. Describe the Defect or Noncompliance

- 5. Describe the noncompliance:** The Threshold Warning System may not detect the presence of a "wheelchair test device" when tested in accordance with S7.4 of the FMVSS 403.

Describe the cause(s) of the noncompliance: Results from misinterpretation of the testing parameters.

Describe the consequence(s) of the noncompliance: The threshold warning signal may not activate when a certain point on the threshold area is encroached.

Identify any warning which can (a) precede or (b) occur: With the lift platform one inch or more below vehicle floor level, the Threshold Warning System will activate when a wheelchair or individual using a mobility aid enters the designated Threshold area but may deactivate if the wheelchair or mobility aid user continues to move toward a certain point on the threshold area.

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

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

IV. Provide the Chronology in Determining the Defect/Noncompliance

- 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.** N/A



Ricon Corporation
A Division of Vapor Bus International
7900 Nelson Road
Panorama City, CA 91402

Phone: 818.267.3000
Fax: 818.267.3001
www.Wabtec.com

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.**

NHTSA Compliance Test Report # 638657A and NHTSA -2007-28140 Notice 1 formed the basis for Ricon Corporation's determination of noncompliance. There have been no claims, accidents, injuries or fatalities associated with this noncompliance.

V. Identify the Remedy

8. **Furnish a description of the manufacturer's remedy for the defect or noncompliance. Clearly describe the differences between the recall condition and the remedy.**

Replacement of the Threshold Warning System metal covers and optical sensor mounting retainers will correct the noncompliance. Ricon will provide a kit for field replacement at no charge.

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

The Replacement parts can be distinguished from the recall components by the location of the openings in the cover where the optical sensors are located. The remedy components will have openings spaced 5.25 inches apart while recall components will have openings spaced 7 inches apart.

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.

The recall condition was corrected in production on all lifts manufactured after October 9, 2007.

VI. Identify the Recall Schedule

Furnish a schedule or agenda (with specific dates) for notification to other manufacturers, dealers/retailer, and purchasers. Please identify any foreseeable problems with implementing the recall.



Ricon Corporation
A Division of Vapor Bus International
7900 Nelson Road
Panorama City, CA 91402

Phone: 818.287.3000
Fax: 818.267.3001
www.Wabtec.com

Ricon Corporation anticipates the recall campaign will begin in December 31, 2007. At that time, manufacturers and dealers will be notified of their responsibilities in coordinating the campaign and making remedies to the recall population.

VII. Furnish Recall Communications

- 9. Furnish Recall Communications:** Attached for NHTSA review and approval.

MOBILITYWORKS®

ADAPTIVE VEHICLES

MAKING THE WORLD ACCESSIBLE

September 18, 2008

Customer:
ABC Bus co.
123 Street
City, State, Zip Code

RE: Safety Standard Non-Compliance Recall Notification (#07E-095)

Dear Customer:

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

REASON FOR THIS RECALL

MobilityWorks has determined that a safety related noncompliance with S6.1 of the FMVSS 403 exists in public and private use wheelchair lifts manufactured by Ricon Corporation. This recall affects certain wheelchair lift products built between April 1, 2005 and October 9, 2007 installed in 2005, 2006 and 2007 E-Series Ford Vans.

WHAT WE WILL DO

Upon notification MobilityWorks will work in conjunction with Ricon Corporation to obtain the necessary parts and make the retrofit to your lifts (s). If you are already factory trained to perform service on Ricon products, the retrofit can be performed at your location. If you are not factory trained to perform service on Ricon products, we will arrange for the retrofit to be done at the nearest Ricon authorized service center/dealer.

The lift retrofit parts and service will be completed at no charge to the end-user. Whether the repairs are done by the end-user or an authorized Ricon Dealer, Ricon will pay a \$37.50 labor charge for each retrofit. The lift retrofit will include removal and replacement of the Threshold Warning Sensor (TWS) covers using TWS retrofit kit #00002.

1090 W. Wilbeth Road, Akron, OH 44314
(330) 861-1118- phone ♦ (800) 769-8267 - toll free ♦ (330) 861-0281 - fax

WHAT YOU SHOULD DO

Please contact Ricon customer service at (800) 322-2884 to determine if your lift is affected. Further information can be obtained by contacting www.riconcorp.com and clicking on "RICON THRESHOLD WARNING SYSTEM RECALL INFORMATION".

If you are an authorized Ricon repair agent, you should follow the procedures outlined below to perform modifications. If not, you should schedule your vehicle for service at your nearest Ricon authorized dealer:

Retrofit Procedure:

1. **Park the vehicle in a safe location.**
2. **Locate and remove 2 bolts at the bottom of the Threshold Warning System (TWS) covers on the inboard surfaces of the right and left side base plate towers.**
3. **Slide the covers up to remove top cover clips from towers.**
4. **Remove optical sensors and retainer clips from inside the two cover assemblies.**
5. **Reinstall sensors into new TWS covers with new retainer clips provided.**
6. **Slide new covers over towers and reinstall the 2 bolts at the bottom of the towers.**
7. **Discard original parts.**

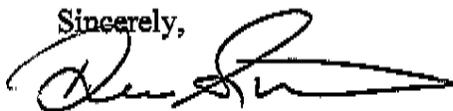
If the lift is retrofitted by an authorized Ricon dealer and it is completed within 3 business days, please notify Ricon Customer support at the toll free number listed above.

If, after contacting the authorized dealer and Ricon Customer Support, your inspection and/or repair is not completed in a reasonable time and without charge you may notify:

US-DOT – NHTSA
Office of Defects Investigation
Recall Management / W46-437
1200 New Jersey Ave., SE
Washington, D.C. 20590
Phone (202) 493-0481
Fax (202) 366-7882

If you have any questions concerning these procedures please contact Ricon Customer Service at (800) 322- 2884 or by email at OPardinas@Wabtec.com.

Sincerely,



Dennis Summers
Vice President Operations
MobilityWorks



a division of Mahoning Works
1090 W. Wilbeth Rd.
Akron, OH 44314

Customer
ABC Bus Co.
123 Street
City State Zip

SAFETY RECALL
NOTICE
ENCLOSED