



ACURA

AUTOMOBILE DIVISION

American Honda Motor Co., Inc.
1919 Torrance Blvd., - P.O. Box 2215
Torrance, CA 90509-9870

VEHICLE IDENTIFICATION NUMBER: 9999999999999999

PLEASE DELIVER TO REGISTERED OWNER



JN7

D1-000014

SAM A SAMPLE
123 MAIN STREET
ANYTOWN, US 12345-6789

▼ PLEASE DETACH, SIGN BELOW AND PLACE IN RETURN ENVELOPE ▼

INFORMATION CHANGE CARD

PLEASE PROVIDE NAME AND ADDRESS CORRECTIONS ON THE REVERSE SIDE

9999999999999999

◀ VEHICLE IDENTIFICATION NUMBER

JN7

SAM A SAMPLE
123 MAIN STREET
ANYTOWN, US 12345-6789



AHA001 000014

**PLEASE SIGN AND RETURN THIS CARD
ONLY IF YOU HAVE MADE CHANGES**

I no longer own this vehicle. It was:

- Sold (*print name and address of new owner on reverse, if known*)
- Exported
- Destroyed
- Stolen
- Lease expired, vehicle returned.
- Other:

Nota:

Si usted necesita esta información en español por favor comuníquese con Relaciones con el Cliente Acura al 1-800-382-2238, y seleccione la opción 4.

Signature: **X**

Date: _____

SIGNATURE OF REGISTERED OWNER OR LESSEE REQUIRED

INFORMATION CHANGE CARD

- New owner information
- My name or address has changed

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FIRST NAME INITIAL

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LAST NAME

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ADDRESS NUMBER

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CITY STATE ZIP

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EMAIL ADDRESS PHONE



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March 2015

NHTSA Recall 15V-045

IMPORTANT SAFETY RECALL NOTICE

Dear Acura MDX Owner:

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

What is the reason for this notice?

Acura has decided that a defect which relates to motor vehicle safety exists in certain 2003 model year MDX vehicles. There is a potential failure with the SRS electronic control unit which may cause an airbag to deploy without a crash. An airbag that inadvertently deploys while the vehicle is in motion may distract the driver, increasing the risk of a crash.

Your vehicle has already had an electronic noise filter installed to address this concern. This remedy has helped to address the concern, but does not satisfactorily eliminate the potential for inadvertent airbag deployment. Acura is preparing a new and more reliable repair by replacing the electronic control unit with a new design.

What should you do?

Parts needed to complete this repair will become available in the summer of 2015.
Acura will send you another letter when those parts become available.

If you have questions:

If you have any questions about this notice, or need assistance with locating an Acura dealer, please call Acura Client Relations at 1-800-382-2238, and select option 4. U.S. clients can also locate a dealer online at www.myAcura.com. Clients in U.S. territories, please contact your local dealer/distributor.

Owners may also contact:

Administrator
National Highway Traffic Safety Administration
1200 New Jersey Ave., SE
Washington, DC 20590

You can also call the toll free Safety Hotline at 888-327-4236 (TTY 800-424-9153), or go to <http://www.safercar.gov>.

What to do if you feel this notice is in error?

Registration records indicate that you are the current owner or lessee of a 2003 Acura MDX involved in this campaign. If this is not the case, or the name/address information is not correct, please complete and sign the Information Change Card and return it in the enclosed postage-paid envelope. We will then update our records.

Lessor Information:

Federal law requires that any vehicle lessor receiving this recall notice must forward a copy of this notice to the lessee within 10 days.

We apologize for any inconvenience this recall may cause you.

Sincerely,

AMERICAN HONDA MOTOR CO., INC.
Acura Automobile Division

Campaign #JN7 / Service Bulletin #15-011

Instructions for Reimbursement Acura Safety Recall JN7

Eligibility Requirements

You may be eligible for reimbursement if you meet all the requirements:

- You paid to have a SRS unit and some or all of the vehicle's airbags replaced because of inadvertent deployment prior to receiving this notice.
- **Repairs made after the notice date must be performed by an Acura dealer.**
- You owned the vehicle at the time of repair. You are still eligible if you no longer own the vehicle.
- You provide a paid invoice.

Please complete this form and attach the items listed below. Failure to include all requested information will result in delays and possible denial of your request.

Your invoice must include:

1. Vehicle Identification Number (VIN)
2. Name and Address of the repair facility
3. Itemized cost of repair – parts and labor
4. Date the work was completed
5. Proof of Payment - copy of the canceled check, bank statement, or credit card receipt showing that you paid for the repair. Cash payments must be documented on the invoice.

Please submit copies only. These documents will not be returned.

Repairs were performed at (check one): Authorized Acura Dealer Independent Repair Facility

Return Your Reimbursement Request Form and Requested Documents

Via Fax: (310) 224-6051

Via Mail: American Honda Motor Co., Inc.
Acura Client Relations
P.O. Box 2964
Torrance, CA 90509-2964

(Fill-in the information below – Please print)

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|--------------------------------------|--|--|--|--|--------------------|--|---------------|--|--|--|-------------|---------------|--|--|
| Your Name: | | | | | | | | | | | | | | |
| Home Address: | | | | | | | | | | | | Apt.#: | | |
| City: | | | | | | | State: | | | | ZIP: | | | |
| Daytime Phone: | | | | | Cell Phone: | | | | | | | | | |
| Vehicle Identification Number | | | | | | | | | | | | | | |
| e-mail Address: | | | | | | | | | | | | | | |
| Total Amount Requested: \$ | | | | | | | | | | | | | | |

Repair cost only. Incidental expenses (rental, fuel, loss of wages, etc.) are not covered.

Si usted necesita esta información en español por favor comuníquese con Servicio al Cliente al 800-382-2238