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U.S. Department of Transportation

Issued in Accordance
With Federal Law

IMPORTANT SAFETY RECALL INFORMATION

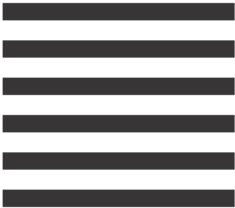
IMPORTANT!

SAFETY RECALL NOTICE

FIRST CLASS
U.S. POSTAGE
PAID
PERMIT NO. 348
ROYAL OAK, MI



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL

FIRST-CLASS MAIL

PERMIT NO. 1394

ENGLEWOOD CLIFFS, NJ

POSTAGE WILL BE PAID BY ADDRESSEE

WARRANTY DEPT.
FERRARI NORTH AMERICA INC.
250 SYLVAN AVE.
ENGLEWOOD CLIFFS NJ 07632-9988





SECOND NOTICE - URGENT SAFETY RECALL

This notice applies to your vehicle (VIN: [redacted])

RC 60 / NHTSA 16V-341

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

Ferrari has decided that a defect which relates to motor vehicle safety exists in certain Model Year 2009-2011 California and Model Year 2010-2011 458 Italia vehicles equipped with a passenger-side front airbag manufactured and supplied by Takata Corporation. We want to assure you that your safety is our priority, and we are committed to correcting this condition in your vehicle.

Takata has reported that the passenger side front airbag could potentially rupture in vehicles involved in an incident in which the frontal airbags deploy. This risk is due to propellant degradation which may occur after long-term exposure to high temperatures, high absolute humidity and high temperature cycling causing the inflator to rupture in deployment. Metal fragments may pass through the airbag striking vehicle occupants, leading to serious injury or death.

Our records show that your vehicle has not yet received the free repair.

IMPORTANT – CONTACT YOUR DEALER TODAY

The National Highway Traffic Safety Administration (NHTSA) and the impacted vehicle manufacturers, including Ferrari, are prioritizing Takata airbag repairs to ensure that vehicles with airbags that pose a higher risk to safety are fixed first while simultaneously working to ensure that parts are available to repair every affected vehicle as quickly as possible. Based on NHTSA’s criteria, your vehicle has been selected for this recall.

Final replacement airbags are now available in your area. Please make an appointment with your nearest dealer to have the FREE repair performed on your vehicle.

Ferrari will repair your vehicle free of charge. The repair involves replacing the Passenger Frontal Airbag Module. Please contact your Ferrari dealer at that time and make an appointment to have this repair performed. The time needed for this repair is estimated to be between 2 and 5 hours depending on the model; however, your dealer may need to keep your vehicle for a longer period of time. Please be prepared to leave your vehicle with your dealer for at least a full day.

Please also note that only the passenger frontal airbag is affected by this recall. The driver’s frontal airbag is unaffected.

If you have any questions or concerns that your dealer is unable to resolve, please contact Ferrari North America, Inc. at +1(201) 816-2668 or NHTSA at +1(888) 327-4236.

Thank you for your attention to this important matter.

Technical Department
Ferrari North America, Inc.

PLEASE NOTE: Federal law requires that any vehicle lessor receiving this recall notice must forward a copy of this notice to the lessee by First Class Mail within ten business days.



Owner Information Card

Takata Passenger Airbag Module
RC60 - NHTSA 16V-341

VIN: ZFF65LJA6A0175716

Please complete this following information and return this prepaid card to Ferrari North America, Inc.

- ☐ I currently own this vehicle
Please enter your full contact information
- ☐ I currently own this vehicle but have moved
Please enter your new contact information
- ☐ I no longer own this vehicle
Please enter the new owner’s information if known
- ☐ The vehicle was destroyed
- ☐ The vehicle was stolen

Name: _____
Address: _____
City: _____
State: _____ Zip: _____
Email: _____
Home Telephone: _____
Mobile Telephone: _____

Owner’s Signature: _____ Date: _____

**Postage Statement — First-Class Mail and
First-Class Package Service**

 Comments:
 Job #51550 HS Global
 Ferrari #60 Recall
 2nd Notice

 Post Office: Note Mail Arrival Date & Time
 (Do Not Round-Stamp)

 Name and Address of
 Mailing Agent (If other
 than permit holder)

 Telephone
 () - -
 Extension

Name and Address of Mail Owner

CRID _____

Federal Agency Cost Code

 Statement Seq. No.
 51550

 Weight of a Single Piece
 0.0500 pounds

SSF Transaction ID#

 Parcels Only
 Hold For Pickup (HFPU)
 No. of Pieces

 2' MM Trays
 2' EMM Trays
 Total Trays
 Flat Trays
 Sacks
 Pallets
 Other

Total Pieces

Total Weight

843 42.1500

 Letter or Flat-size mailpieces contain:
☐ Round Trip ONLY: One DVD/CD or other disk

 Customer Generated
 Electronic Labels
☐ SigCon

 This is a Political Campaign Mailing
☐ Yes ☒ No

 For Auto Price Pieces,
 Enter Date of Address
 Matching and Coding
 10/24/2017

 This is Official Election Mail
☐ Yes ☒ No

Parts Completed (Select all that apply)

☐ A ☒ B ☐ C ☐ D ☐ S ☐ NSA

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3	Incentive/Discount Flat Dollar Amount	
4	Fee Flat Dollar Amount	
5	Permit # _____ Net Postage Due (Line 1 +/- Lines 2, 3, 4)	387.78

USPS

Additional Postage Payment (State reason)	
For postage affixed add additional payment to net postage due; for permit imprint add additional payment to total postage.	Total Adjusted Postage Affixed
Postmaster: Report Total Postage in AIC 121	Total Adjusted Postage Permit Imprint

CERTIFICATION

Incentive/Discount Claimed: _____ Type of Fee: _____

The mailer's signature certifies acceptance of liability for and agreement to pay any revenue deficiencies assessed on this mailing, subject to appeal. If an agent signs this form, the agent certifies that he or she is authorized to sign on behalf of the mailer and that the mailer is bound by the certification and agrees to pay any deficiencies. In addition, agents may be liable for any deficiencies resulting from matters within their responsibility, knowledge, or control. The mailer hereby certifies that all information furnished on this form is accurate, truthful, and complete; that the mail and the supporting documentation comply with all postal standards and the mailing qualifies for the prices and fees claimed; and that the mailing does not contain any matter prohibited by law or postal regulation. I understand that anyone who furnishes false or misleading information on this form or who omits information requested on this form may be subject to criminal and/or civil penalties, including fines and imprisonment.

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Signature of Mailer or Agent	Printed Name of Mailer or Agent Signing Form Allied Printing Co	Telephone (248)-541-0551 Extension 3206
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	Total Pieces	Total Postage			
	Presort Verification Performed? (If required) ☐ Yes ☐ No				
	I CERTIFY that this mailing has been inspected for each item below if required: (1) eligibility for postage prices claimed; (2) proper preparation (and presort where required); (3) proper completion of postage statement; (4) payment of annual fee; and (5) sufficient funds on deposit (if required).		Date Mailer Notified		Contact
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