



NHTSA Recall Number 13T-012

December 13, 2013

Subject: SAFETY RECALL NOTICE

Dear MAST Dealer,

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

Michelin North America, Inc. has decided that a defect which relates to motor vehicle safety exists in one version of a specific size of the MICHELIN LTX M/S tire, and it is included in a safety recall.

The recalled tire is the MICHELIN LTX M/S LT225/75R16 LRE.

These tires are typically found on such vehicles as commercial light trucks, full-sized heavy duty vans, small RVs and some large pickup trucks.

This is a safety recall of approximately 1.2 million tires that were sold in the U.S. Market. This condition may increase the risk of tire failure and a vehicle crash.

You are receiving this letter because our records indicate that you may have purchased one or more of the recalled tires.

Further, MAST is required to advise you of certain tire dealer obligations, which are detailed on page 4 of this notice.

The following chart provides the Tire Description, DOT (Department of Transportation) sequence identifier and DOT production periods of the manufacturing populations which contain the recalled tires. The DOT information is molded into the sidewall of each tire: the DOT sequence number and the DOT date code, which is a 2-digit week and a 2-digit year of production, which are given in the DOT production period information. For example, "2312" refers to the 23rd week of the year 2012. See Appendix A.

Tire Description	MSPN	DOT Sequence	DOT Production Periods (Inclusive)
MICHELIN LTX M/S LT225/75R16 LRE	25516	B3JHAKEX	0210 to 2512

Only tires matching all four elements (Tire Description, MSPN, DOT Sequence and DOT Production Periods) are part of this recall. To determine if you have received tires that are included in this recall, please check the DOT information found on the sidewall of the tire as explained in Appendix A.

Provide Consumer Care the List of Tire Owners

As a result of this safety recall, you are required to take the following Dealer action to immediately provide MAST Consumer Care with a list of Tire Owners to whom you sold the tires that have been recalled.

Please send the following information:

First Name(Business), Last name(Attn. To:), Address1, Address2, City, State, Zip Code, Phone Number and e-mail address.

Michelin Consumer Care will contact known Tire Owners by letter to notify them of this safety recall and the replacement process.

Please send the Consumer Information to:

Email to: michelinrecall@crdhna.com (**Preferred Method**)

Or Fax to: 864-458-6650 Attention: Tire Safety Recall

Or Mail to:

Michelin North America
Attention: Consumer Care Dept.
One Parkway South
Greenville, SC 29615

Returning Inventory (New/Never Mounted) Recalled Tires

As a result of this safety recall, you are required to take the following Dealer actions to return to Michelin any inventory of the recalled tires:

1. Check your inventory for the specific DOT identification numbers affected. Immediately stop the sale, and/or mounting of these tires.
2. Immediately count your inventory of affected tires.
3. See instructions on the attached RGA Form (Appendix D), to E-mail (tcar.safetyrecall@us.michelin.com) or FAX (864-298-6648) your information to MAST. MAST will respond with a return goods authorization number and shipping instructions. Return all recalled tires from your inventory as soon as possible. Freight charges will be prepaid. You will be credited at your current invoice price for all recalled tires upon receipt and verification.

Replacement of Mounted Recalled Tires

Tire Owners may contact you to inspect their tires and, if required, replace them without charge. When this occurs:

1. Validate the tires are part of this safety recall.
2. Ensure that you have the correct replacement tires in inventory. A list of MAST appropriate replacement tires is attached in Appendix C.
3. When replacing the recalled tires with new tires, follow the current MAST Warranty procedure using the Warranty Claim form, indicating Claim Type 1. See Warranty Checklist -Appendix B. Michelin will handle the disabling of the tires.
 - a. All safety recall replacement tires and services must be at no charge to the consumer (including mounting and balancing), regardless of remaining tread depth.
 - b. Dealer will be credited at current invoice price of the installed tire, a flat service and mounting and balancing allowance (\$20.00 per tire).
 - c. Place "**MAST Recall**" on the Reason for Removal line of the Warranty Claim form.
 - d. Must enter 0% and \$0 consumer charge on the warranty claim form.
 - e. If an approved MAST replacement tire is not available, call Michelin Consumer Care to process the recall warranty claim. This situation may require the warranty claim to be processed as Claim Type 7 with a Michelin Consumer Care Authorization Code in order to process dealer credit.
 - f. The "MAST Recall" tires cannot be mixed with normal Warranty tires returned to the Michelin Inspection Center. You **MUST** Ship all safety recall tires on a separate Bill of Lading from standard Warranty Claims tires in order for Credits to be processed in a timely manner.
 - g. Mark tires with "Recall" on the sidewall.
 - h. Tires should be returned immediately. You do not have to wait for the standard 25 tire minimum or 30 days to return your safety recall warranty tires.
4. For purposes of this Recall, please treat National Account and Government customers as you would any other Tire Owner. You should replace any tires that are a part of this Recall with an approved replacement tire and submit the recalled tires as outlined above.

IMPORTANT – Disposition of Safety Recall Tires

MAST is required to advise you of the following information and tire dealer obligations:

1. It is a violation of Federal law to knowingly sell or lease a tire which is defective.
If a dealer knowingly sells or leases new or used defective tires; that such a sale must be reported to the Associate Administrator for Safety Assurance, National Highway Traffic Safety Administration, 1200 New Jersey Avenue, S.E., Washington, DC 20590 or call the toll-free Auto Safety Hotline at 1-888-327-4236 (TTY 1-800-424-9153); or go to www.safercar.gov within five working days of such a release in a report containing the following information:
 - i) a statement that the report is being submitted pursuant to 49 CFR 573.10(a);
 - ii) the name, address and phone number of the person who purchased or leased the tire;
 - iii) the name of the manufacturer of the tire;
 - iv) the tire's brand name, model name, and size;
 - v) the tire DOT identification number;
 - vi) the date of the sale or lease; and
 - vii) The name, address, and telephone number of the seller or lessor.
2. Under Federal law, MAST is required to report (by dealer name and address) any known instances of its dealers selling or leasing new or used defective tires.
3. On a monthly basis, dealers must report to MAST the number of defective tires disposed of in violation of these instructions or in violation of any of applicable state and local laws or regulations. The report must include a description of any such failure to act in accordance with MAST's disposal plan.

These notifications and instructions must be communicated to all employees of this dealership who are involved in the inspection and removal of recalled tires.

The recalled tires must be returned for the credit to be processed. If you have any additional questions, please contact your Customer Service Representative (800-847-8475).

Commitment to safety, quality and respect for the customer are our highest priorities. Please accept our sincerest apologies for any inconvenience that replacing these tires may cause. Thank you for your support in helping us to implement a successful safety recall.

Sincerely,



Marc Pasquet
Vice President, Sales

Appendix A:

READING DOT MARKINGS

DOT markings serve as the tire’s fingerprint and signify compliance with U.S. Department of Transportation Minimum Performance Standards. The DOT markings can be found on the sidewall directly above the bead.

To find out if a tire is affected by the recall:

1. Determine if the tire is the following product:

Tire Description	MSPN	DOT Sequence	DOT Production Periods (Inclusive)
MICHELIN LTX M/S LT225/75R16 LRE	25516	B3JHAKEX	0210 to 2512

2. If it is not the product noted above, the tire is not part of this recall. If it is this product, check the DOT sequence to determine if the tire is affected by the recall. Only tires matching all four elements (Tire Description, MSPN, DOT Sequence and DOT Production Periods) are part of this recall.
3. The following illustration shows an example of how to identify the DOT sequence for all affected tires noted above. If you have any questions concerning the tire’s DOT identification numbers, please contact MAST Consumer Care at 855-851-4951.

SAMPLE FOR READING DOT

MICHELIN LTX M/S LT225/75R16 LRE MSPN 25516
DOT Sequence in this example begins with B3

Week/Year 0210 to 2512




Appendix B:

Follow the warranty checklist below in order to process consumer mounted safety recall returns.

Warranty Checklist

1. Each tire must have a label that matches the claim form on which it is listed.
2. Complete all the required blue sections on Warranty Claim Form (See Figure 1 on Page 7)
3. Use only One Warranty Claim Form per consumer.
4. Submit as **Claim Type 1** – No Authorization Code Required. See Figure 1 Field (15)
5. Indicate 0% charge and \$0 charge to the consumer. See Figure 1 Fields (20) & (21)
6. Place “**MAST RECALL**” on the Reason for Removal line of the Warranty Claim Form. See Figure 1 Field (22)
7. Tires should be returned immediately. You do not have to disable the tires. You do not have to wait the standard 30 days or 25 tire minimum to return the safety recall warranty tires.
8. The “MAST Recall” tires **cannot** be mixed with normal warranty tires returned to the Michelin Inspection Center. You **MUST** ship **all** Safety Recall tires on a separate Bill of Lading from standard Warranty Claims tires in order for credits to be processed in a timely manner.
9. A consumer signature is required for processing all claims. Dealer and Consumer must sign each warranty claim form.
10. If approved MAST replacement tires are not available, call Michelin Consumer Care to process the Warranty Claim form. This situation may require the Warranty Claim to be processed as Claim Type 7 with a Michelin Consumer Care Authorization Code in order to process dealer credit.

Figure 1.



FILL OUT COMPLETELY
AREAS SHADED IN BLUE ARE REQUIRED FIELDS

Michelin North America, Inc.

①	DATE OF CLAIM		
MONTH	DAY	YEAR	

PASSENGER & LIGHT TRUCK TIRE
LIMITED WARRANTY
CLAIM FORM

BAR CODE AREA


XXXXXXXXXX

OWNER INFORMATION AND CERTIFICATION		VEHICLE INFORMATION			
NAME OF OWNER ②		YEAR	MAKE	MODEL	EQUIPMENT
ADDRESS		VIN (Vehicle Identification Number) ④			
CITY/STATE/ZIP		NEW TIRE INFORMATION		MSPN OF NEW TIRE	
TELEPHONE NUMBER HOME () WORK ()		SIDE ⑤		⑥	
E-MAIL		DESCRIPTION		CURRENT RETAIL PRICE ⑦	
I hereby certify that to the best of my knowledge the foregoing statements are correct, that I am the owner of the product(s) presented for claim and that the product(s) described was (were) not involved in any accident, personal injury, consequential damage or other loss. I accept this adjustment in lieu of all further claims. I understand that the product(s) returned for replacement become the property of Michelin North America.		REMOVED TIRE INFORMATION		REMOVED TIRE MILEAGE	
I further certify that the condition of the product(s) for which this claim is submitted is not covered by any other mileage, road hazard, or other warranty or protection plan purchased from or provided by the selling Dealer at the time of, or subsequent to, original purchase.		Time Originally Obtained: ⑧ <input type="checkbox"/> ORIGINAL <input type="checkbox"/> REPLACEMENT		DATE OF PURCHASE ⑨ For Mileage Warranty: ⑩	
OWNER'S SIGNATURE _____ DATE _____		RETAIL INVOICE NUMBER OR WORK ORDER NUMBER ⑪			


DEALER INFORMATION				
DIRECT DEALER BRANCH ⑫	MNA SHIP TO NUMBER	ASSOCIATE DEALER NAME ⑬	HQ AAN	SERVICING TIRE RETAILER NAME ⑭
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS
CITY/STATE/ZIP		CITY/STATE/ZIP		CITY/STATE/ZIP

WARRANTY RETURN INFORMATION										
TYPE OF CLAIM	① WORKMANSHIP/ MATERIAL	② MNA MILEAGE WARRANTY	⑤ OTHER	⑥ * RECALL / VIBRATION	⑦ * MNA CONSUMER CARE	⑧ * MICHELIN 30-DAY SATISFACTION GUARANTEE	⑨ * MNA CONSUMER CARE	⑩ * MICHELIN 30-DAY SATISFACTION GUARANTEE	⑪	
LINE #	DOT NUMBER(S) OF TIRE(S) REMOVED			MSPN OF TIRE(S) BEING RETURNED	WHEEL POS	TIRED DEPTH	% CHANGE	\$ CHANGE	REASON(S) FOR REMOVAL / RETURN	
1	⑬			⑭	⑮	⑯	⑰	⑱	⑲	⑳
2									MAST RECALL	
3										
4										
5										
6										


DEALER CERTIFICATION	PROCESSING AUTHORIZATION
I hereby certify that to the best of my knowledge the foregoing statements are correct.	The insertion of an authorization code received from MNA, is for the sole purpose of authorizing the processing of this claim. It is not a certification or verification of the claim's validity. Should subsequent verification of the information contained herein indicate that any information is fraudulent or incorrect, MNA will, at its sole discretion, reverse any credits resulting from the submission of this claim and take any other remedial action it deems appropriate.
I further certify that the condition of the product(s) for which this claim is submitted is not covered by any other mileage, road hazard, or other warranty or protection plan purchased from or provided by the selling Dealer at the time of, or subsequent to, original purchase. I further understand that should Michelin North America learn of any other warranty or protection plan being applicable, it will, at its sole discretion, reject this claim or charge back any and all credits resulting from the processing of this claim.	
DEALER'S SIGNATURE _____ DATE _____	AUTHORIZATION CODE _____ DATE _____
⑳	㉑



White - MNA Inspection Center Canary - Direct Dealer Branch



Blue - Consumer Copy Green - Retail Store



Stock No. XMTW40841 (Rev.02/13)

Shipping Instructions for Dismounted Recalled Tires

Follow the current MAST Warranty Tire Return Procedure:

1. Remember to include a copy of the Bill of Lading in the mailing envelope with the claim forms mailed to the Inspection Center. Credit cannot be properly processed if original Bill of Lading paperwork does not accompany the load.
2. Please mark "RECALL" on the sidewall of each tire. Also, place an identifying mark on your tires (such as a stripe of spray paint, X-mark or some other clearly visible identifier for the carrier). This is in addition to the word "Recall"
3. Indicate on the Bill of Lading your identifying mark for the carrier (i.e. "25 tires with yellow stripe on tread").
4. Contact the standard Authorized Warranty Claim Freight Carrier to ship your tires back.

DO NOT SEND THE CLAIM FORMS WITH THE TIRE SHIPMENT.

SHIP YOUR WARRANTY RECALL TIRES TO THE ADDRESS BELOW.

**MAST Inspection Center
Attention: Safety Recall
132 White Horse Ct.
Greenville, SC 29605**

Appendix C:

Appropriate MAST Product Replacement List: Recommended Replacements

The following chart is a guide to assist you in selecting a proper replacement tire. Each of the options noted below is of equal size and has equal or higher service description.

MSPN Description - Removed Tire	New MSPN	Description
25516 MICHELIN LTX M/S LT225/75R16 LRE	05681	MICHELIN LT225/75R16115/112R LTX M/S 2 LRE
	94398	MICHELIN LT225/75R16115/112R LTX AT2 LRE DT
	90332	UNIROYAL LT225/75R16 115S LARHD/H LRE TL

Appendix D:

Dealer <u>NEW</u> Tire Inventory Return Form			
Please email to TCAR.safetyrecall@us.michelin.com or fax to: (864) 298-6648			
Date		RGA #	(internal use only)
THIS RETURN REQUEST IS FOR <u>NEW</u> RECALL TIRES ONLY ALL OTHER TIRES RECEIVED WILL BE SCRAPPED AND NO CREDIT WILL BE ISSUED.			
Dealer Name		City/State	
Ship To Number		Fax Number	
Contact Name		Phone Number	
Email Address			
Customer Reference Info/Number:		Questions please call - 1-800-847-8475	
<u>REIMBURSEMENT OF RECALLED TIRES IN UNMOUNTED INVENTORY - New Tires Only.</u>			
Reminder: Follow Normal Warranty Process for Mounted Tires and Return to Specified Inspection Center Address Included in Dealer Letter.. To expedite credits please separate and return warrantable (used) tires marking RECALL on both the claim form and tire.			
Credit will be issued at current Invoice Price. Michelin will disable/cut tires.			
Total Quantity: _____			
LT225/75R16 RBL Michelin LTX M/S		DOT SERIAL INFORMATION ON TIRE B3JH AKEX 0210 to 2512	

Note: An excel version of this form is available from any Michelin Account Representative or CSR.