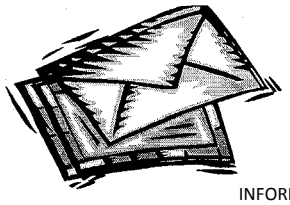
NHTSA ccmMercury Routing Slip



CL- 1071 5862-3159

INFORMATION Redacted PURSUANT TO THE FREEDOM OF INFORMATION ACT (FOIA), 5 U.S.C . 552(B)(6)

Printed: 2/10/2016

NHTSA #: ES16-000589	Rec'd Date: 2/10/2016	Referred By: NAD-200
XREF #:	Doc Type: CNG	Doc Date: 2/10/2016
Delivery: EML	Address To: DOT/I	**Due Date: 3/21/2016**
S10 #:	DOT/I #: S- 2016 25	RMP #:

Subject: LETTER FROM SENATOR RUBIO ON BEHALF OF CONSTITUENT [redacted] RE 2015 NISSAN MURANO SAFETY ISSUES

Ack Date:	Ack By:	
Sign Office: DIRECTOR, GOVERNMENTAL AFFAIRS	Signature: ALISON PASCALE	Signed For:
Cleared Date:	Cleared By:	Cleared For:
File Loc:	XREF File:	**Closed Date:**
Added By: CBUTLER x60180	Modified By: Chris.Butler	

Most Recent Comment:

Author:

THE HONORABLE MARCO RUBIO
UNITED STATES SENATOR
201 S. ORANGE AVENUE, SUITE 350
ORLANDO, FL 32801
Tel: 407-254-2573 Fax: 407-423-0941 *E-mail:*

FEB 11 2016

Assigned To	Task	Asgn Date	Deadline	Returned Date
NEF-010	REPLY	2/10/2016	3/21/2016	
NGA-010	SIGN	2/10/2016		

NAM
2/11/16
SMD

Office of U.S. Senator Marco Rubio
Privacy Act Consent Form

In accordance with the provisions of the Privacy Act of 1974 (5 USC 552a), your written consent is required so that we may contact agencies on your behalf. Since e-mails do not contain a valid signature, they do not fulfill the requirements of the law. All information on this form must be written in English.

Title: (select one) ☑ Mr. ☐ Ms. ☐ Mrs. ☐ Mr. & Mrs. ☐ Rev. ☐ Doctor ☐ Other: _____

Name: [redacted] _____
(First Name) (Middle Name) (Last Name)

Address: [redacted] City: Summerfield State: Fl
(If you are providing an out-of-state address, please attach proof of Florida residency)

Zip code: [redacted] Cell: [redacted] Home: [redacted] Fax: _____

E-mail Address: [redacted] Date of Birth (MM/DD/YY): [redacted]

If you have contacted another congressional office to assist you, please list the office: _____

Federal Agency involved with issue: NHTSA

REQUIRED: BRIEFLY STATE YOUR PROBLEM AND THE TYPE OF ASSISTANCE YOU ARE REQUESTING

Your concerns are very important to me. A member of my staff will contact the appropriate federal agency to help you with your issue. Please remember that a congressional inquiry does not guarantee your desired outcome.

WOULD IT BE POSSIBLE TO HAVE SOMEONE FROM THE NHTSA CONTACT ME REGUARDING SEVERAL SAFETY ISSUES THAT I HAVE WITH MY 2015 NISAN MURANO. I HAVE REPOTED THESE ISSUES TO NISSAN HOVEVER NISSAN HAS REFUSED TO REPAIR THEM. THE RESPONCE I GET FROM THE DEALER AND NISSAN CORPOIRT IS ALWAYS THE SAME. "NO FAULT CODES FOUND".

*Signature: [redacted] Date: 1/29/2016

*This signature must be from the individual who is 18 years or older and is requesting assistance or has a pending case with a federal agency. Third party signatures, including those of immediate family members, are not acceptable. Federal agencies will not release information without the signed consent of the proper individual. Electronic signatures are not valid.

Please return by mail, fax or email.

Mailing address: U.S. Senator Marco Rubio
201 South Orange Avenue, Suite 350
Orlando, Florida 32801
Fax: (844) 762-1556
Email: casework@rubio.senate.gov
Tel: (407) 254-2573
Toll-free: (866) 630-7106

****TURN OVER TO COMPLETE THE SECTION ON PAGE 2 WHICH APPLIES TO YOUR CASE****

ES16-000589

COMPLETE THE SECTION BELOW THAT APPLIES TO YOUR CASE.
(ONE CONSENT FORM IS NEEDED PER ISSUE)

☐ **IMMIGRATION**

Alien Number (A#): _____ Date of Birth (MM/DD/YY): _____ Country of Birth: _____

Type of Application Filed/Petition: _____ Receipt Number: _____
(Ex: N-400, I-130, I-765)

Beneficiary Name: _____ Date of Birth (MM/DD/YY): _____

☐ **VISAS** ☐ Visitor ☐ Student ☐ Work ☐ Immigrant ☐ Other

Name of Applicant: _____ Passport Number: _____

Date of Birth (MM/DD/YY): _____ Place of Birth: _____ Consulate: _____

Date of visa appointment: _____ Case Number: _____

☐ **VETERAN/MILITARY** *(Complete this section only if you are seeking assistance with a military/VA issue. For Tricare issues, an additional form is needed for us to contact the Defense Department. Please contact my office to obtain this form.)*

VA Claim Number/SSN: _____ Military Rank: _____ Unit and Duty Station: _____

Home of Record Address: _____

Type of Claim: _____ VA Office Where Claim is Located: _____

☐ **SOCIAL SECURITY/MEDICARE**

SSN: ___-___-____ Type of Claim Filed: _____ Date Filed: _____

Current Level of Appeals: _____ Medicare Provider Number: _____

Medicare Supplier Number: _____ Name of Business: _____

☐ **MORTGAGE**

Loan Servicer: _____ Loan Number: _____

☐ **CHILD SUPPORT** *(Note: By law, if both parents reside in Florida, your inquiry will be referred to your state legislator.)*

Child Support Case Number: _____

Name of Custodial Parent: _____ Date of Birth (MM/DD/YY): _____ SSN: _____

Name of Non-custodial Parent: _____ Date of Birth (MM/DD/YY): _____ SSN: _____

Name of Child(ren): _____ Date of Birth (MM/DD/YY): _____ SSN: _____

☑ **OTHER** Name of Federal Agency: NHTSA

Social Security Number: [redacted] Claim/case number: _____

2014 Senate Input Form for Governmental Affairs Correspondence Control Sheet (I-10), W85-328

EXECUTIVE SECRETARIAT
RECEIVED-NHTSA
2016 FEB 10 P 3:58

Control Number S - 2016 25

General

Date DOT Received	2/10/2016
Date DOT Entered	2/10/2016
Member's Date	2/10/2016
Member Last Name	Rubio
Member First Name	Marco
Member Organization	United States Senator
Address1	201 South Orange Avenue, Suite 350
Address2	
City	Orlando
State	FL
Zip	32801

Constituents

File Name	[redacted]
Date	2/10/2016
Subject	2015 Nissan Murano
Action Office	NHTSA
Action Code	
Due Date	3 /20/2016

Contacts

MemberContact	David Huff
Phone	(407) 318-2728
Pending	☐
Closed Date	
Remarks	david_huff@rubio.senate.gov
DOT Contact	Maria Harrison at (202) 366-4573

Notes: