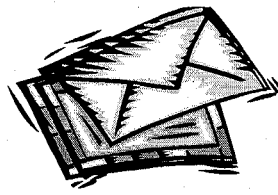


CL-10785289-4906

NHTSA ccmMercury Routing Slip



Printed: 11/18/2015

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

NHTSA #: ES15-005908	Rec'd Date: 11/18/2015	Referred By: NAD-200
XREF #:	Doc Type: CNG	Doc Date: 11/17/2015
Delivery: EML	Address To: DOT/I	Due Date: 12/31/2015
S10 #:	DOT/I #: S- 2015 203	RMP #:
Subject: LETTER FROM SENATOR RUBIO ON BEHALF OF CONSTITUENT [REDACTED] RE 2007 HONDA SHADOW AERO RECALL		
Ack Date:	Ack By:	Signed For:
Sign Office: DIRECTOR, GOVERNMENTAL AFFAIRS	Signature: ALISON PASCALE	
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:

NOV 18 2015

Assigned To	Task	Asgn Date	Deadline	Returned Date
NEF-010	REPLY	11/18/2015	12/31/2015	
NGA-010	SIGN	11/18/2015		

NAM
11/18/15
SMP



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



Control Number S · 2015 203

EXECUTIVE SECRETARIAT
RECEIVED-NHTSA

2015 NOV 18 A 10 19

General

Date DOT Received #####
 Date DOT Entered #####
 Member's Date 11/17/2015
 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 11/18/2015
 Subject 2007 Honda Shadow Aero recall
 Action Office NHTSA
 Action Code
 Due Date 12/31/2015

Contacts

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

Notes:

ES15-005908

Nov 06 15 01:04p

p.1



Office of U.S. Senator Marco Rubio

Privacy Act Consent Form

In accordance with the provisions of The Privacy Act of 1974 (Public Law 93-579), your written consent is required so that we may contact a federal agency 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: _____
(Middle Name) (Last Name)

Address: _____ City: Cocoa State: FL

(If you are providing an out-of-state address, please attach proof of Florida residency)

Zip code: _____ Cell: _____ Home: _____

E-mail Address: _____ Date of Birth (MM/DD/YY): _____

If you have contacted another congressional office to assist you, please list the office: District Senators, Rep & WH

Federal Agency involved with issue: USDOT-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.

I am writing in reference to a product recall on a 2007 Honda Shadow Aero VT750 motorcycle I bought new. About 2 months ago, my husband noticed some discoloration on the engine. He found that the fuel valve on the gas tank was dripping gasoline. My husband did some research and found several articles about a recall specifying the exact same issue. He then went to the Honda MC web-site he found a recall for the year, make and model of my motorcycle concerning a fuel valve leak. He contacted Honda Motorcycle Customer Service twice and both times was told my motorcycle was not included in the recall and that the recall was VIN specific. We did not understand how the same problem with the same year, make and model of a motorcycle would not be on the recall list. My husband then went to the local dealer for some clarification but apparently, the dealer knew nothing about the recall. Due to the obvious safety concerns, I went ahead and ordered a new OEM part on-line and paid for it. My husband spent two hours replacing the defective part. I consider leaking gasoline onto a hot engine a major safety concern. I also feel a recall for such an issue should not be VIN specific. If this leak had not been caught when it was, it could have easily erupted into a full blown fire seriously injuring me/my husband or any innocent bystanders. All I ask that someone please contact the Honda Corporation/USDOT-NHTSA and see if they will expand the recall.

*Signature: _____ Date: 11/6/2015

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

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

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):

VISA: 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: USDOT-NHTSA

Social Security Number: Claim/case number: 10785289