



U.S. Department of Transportation  
**National Highway Traffic Safety Administration**

Auto Safety Hotline

### Vehicle Owner's Questionnaire

NATIONWIDE 1-800-424-9393  
 DC METRO AREA (202) 366-0123  
 INTERNET: <http://www.nhtsa.dot.gov>

**FOR AGENCY USE ONLY 258**

Date Received  
**06-MAR-2002**

Od\_or \_\_\_\_\_  
 rt\_dt \_\_\_\_\_  
 pd\_rt \_\_\_\_\_  
 rp\_lr \_\_\_\_\_

Reference No.  
**759015**

Work Number **956 427 8895**  
 Home Number **956 797 4909**

**OWNER INFORMATION (Type or Print)**

**ROBERT SANCHEZ 742451**  
**RR2 BOX 59**  
**LA FERIA TX 78559**

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle?  YES  NO  
 In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**VEHICLE INFORMATION**

Vehicle Ident. No. (VIN) <small>(Lowercase letters and numbers only)</small>	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
<b>3GKEC16Z12G178771</b>	<b>GMC</b>	<b>YUKON</b>	<b>2002</b>	

Purchase Date <b>01-DEC-2001</b>	Dealer's Name _____	Engine Size (CID/CC/L) <b>5300</b>	<input type="checkbox"/> Turbo
<input checked="" type="checkbox"/> New <input type="checkbox"/> Used	City _____ State _____ Zip Code _____	No. Cylinders _____	<input type="checkbox"/> Diesel
			<input type="checkbox"/> Gas
			<input checked="" type="checkbox"/> Fuel Injectio

Transmission Type <input type="checkbox"/> Manual <input type="checkbox"/> Automatic	Antilock Brakes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restraint System <input type="checkbox"/> 3-Point Belt <input type="checkbox"/> Driverside Airbag <input type="checkbox"/> Passengerside Airbag <input checked="" type="checkbox"/> Motorbelt <input type="checkbox"/> 2-Point Bel	Cruise Control <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Drive Train <input type="checkbox"/> Front <input checked="" type="checkbox"/> Rear <input type="checkbox"/> 4-Wheel	Vehicle Type <input type="checkbox"/> Car <input type="checkbox"/> Van <input type="checkbox"/> Minivan <input type="checkbox"/> Other <input type="checkbox"/> Sport Ult <input type="checkbox"/> Truck <input type="checkbox"/> Motorcycle	Body Style <input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Stationwagon <input type="checkbox"/> Pick Up Truck <input checked="" type="checkbox"/> Other
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