

NOISE, VIBRATION OR HARSHNESS

Customer Name: _____

Date: _____ RO#: _____

Please check all applicable boxes and fully describe the condition that applies to your vehicle.

1. THIS IS THE PROBLEM Vehicle is making a noise

The noise sounds like:

- | | |
|--|---------------------------------|
| <input type="checkbox"/> Bump | <input type="checkbox"/> Clunk |
| <input type="checkbox"/> Rattle | <input type="checkbox"/> Squeak |
| <input type="checkbox"/> Boom | <input type="checkbox"/> Drone |
| <input type="checkbox"/> Whine | <input type="checkbox"/> Growl |
| <input type="checkbox"/> Other, describe _____ | |

 Vehicle has a vibration

The vibration might sound like:

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Buzz | <input type="checkbox"/> Rattle |
| <input type="checkbox"/> Growl | <input type="checkbox"/> Resonating |
| <input type="checkbox"/> Other, describe _____ | |

 Vehicle harshness

The vehicle is:

- | | |
|--------------------------------|---|
| <input type="checkbox"/> Buzz | <input type="checkbox"/> Hum |
| <input type="checkbox"/> Growl | <input type="checkbox"/> Boom |
| <input type="checkbox"/> Drone | <input type="checkbox"/> Other, please describe |

 Spend 1 hour diagnosing the problem, and make sure vehicle is safe. Spend up to 3 hours diagnosing the problem.**2. IT OCCURS AS FOLLOWS**

Heard or felt from _____ part of the car

- | | | |
|--|---|-------------------------------|
| <input type="checkbox"/> Front | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Rear | <input type="checkbox"/> Right | <input type="checkbox"/> Left |
| <input type="checkbox"/> Inside of car | <input type="checkbox"/> Outside of car | |
| <input type="checkbox"/> Under the car | | |

It occurs at:

- | | |
|--|---|
| <input type="checkbox"/> Idle | <input type="checkbox"/> Light Acceleration |
| <input type="checkbox"/> Medium Acceleration | <input type="checkbox"/> Heavy Acceleration |
| _____ MPH | |

It happens:

- | |
|---|
| <input type="checkbox"/> All the time |
| <input type="checkbox"/> Once a day |
| <input type="checkbox"/> Once a week |
| <input type="checkbox"/> Once a month |
| <input type="checkbox"/> The last time the problem occurred _____ |
| <input type="checkbox"/> Other, please describe _____ |

The engine was:

- | | | |
|-------------------------------|------------------------------|---|
| <input type="checkbox"/> Cold | <input type="checkbox"/> Hot | <input type="checkbox"/> Normal operating temperature |
|-------------------------------|------------------------------|---|

The outside temperature was:

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Cold | <input type="checkbox"/> Sunny |
| <input type="checkbox"/> Warm | <input type="checkbox"/> Dry |
| <input type="checkbox"/> Hot | <input type="checkbox"/> Raining |
| <input type="checkbox"/> Other, describe _____ | |

AC on? Yes NoTowing a trailer? Yes NoWindows down? Yes No

Other _____

Is the problem getting worse? Yes No

Additional Information: