

PLEASE REMOVE ALL PERSONAL OBJECTS FROM VEHICLE PRIOR TO BRINGING IN

YOU HEARING A NOISE....

WHEN FILLING OUT THIS FORM PLEASE PROVIDE AS MUCH INFORMATION AS YOU CAN TO ASSIST IN THE DIAGNOSING.YOUR ASSISTANCE IS APPRECIATED. COST IS \$130 PER HOUR FOR LENGTH OF DIAGNOSIS.

WE NEED TO KNOW

Customer Signature _____

- 1) **SOUND OF NOISE** (BANGING, CLANKING, CREAKING, GROWLING, GRINDING, SQUEAKING, HISSING, BUZZING, POPPING, DRUMMING, RATTLING, CHIRPING, CLANGING, MOANING, WHISTLING....)

- 2) **WHERE ON VEHICLE ARE YOU HEARING NOISE?** (FRONT, REAR, SIDE (WHICH SIDE PASSENGER, DRIVERS...))

- 3) **HOW LONG HAVE YOU BEEN HEARING THIS NOISE?** (DAYS, WEEKS, MONTHS, YEARS) _____

- 4) **WHEN IS THE NOISE HEARD?** _____ALL THE TIME _____SOME OF THE TIME

- 5) **AT WHAT SPEED DO YOU HEAR THE NOISE?** _____LESS THAN 25mph _____26-55mph _____OVER 55mph _____ANY

- 6) **UNDER WHICH DRIVING CONDITIONS DO YOU HEAR NOISE?** _____ SITTING AT IDLE

ACCELERATION: _____ HEAVY ACCELERATING _____ LIGHT ACCELERATING _____ CRUISING STEADILY

SLOWING DOWN/STOPPING: _____ LIGHT BRAKING _____ AGGRESSIVE BRAKING

_____LIGHT DECELERATION (NO BRAKING JUST COASTING TO STOP) _____ DOWNSHIFTING

TURNING: _____ENTERING / EXITING DRIVEAWAY _____LEFT TURNS _____RIGHT TURNS

- 7) **ON WHICH ROAD SURFACES DO YOU HEAR THE NOISE?** (SELECT ALL THAT APPLY)

_____LARGE BUMPS (SPEED BUMPS, DRIVEWAY CURBS) _____SMOOTH ROADS _____ROUGH ROADS

- 8) **WHAT TIME OF THE DAY DID YOU HEAR THE NOISE?** _____EARLY MORNING(5AM-9AM) _____MORNING(9AM-NOON)
_____AFTERNOON(NOON-4PM) _____EVENING(4PM-8PM) _____NIGHT(8PM-5AM) _____ANY TIME OF THE DAY

- 9) **HOW LONG DO YOU DRIVE THE VEHICLE BEFORE YOU HEAR THE NOISE?** _____FEWER THAN 10 MINUTES _____BETWEEN
10 AND 30 MINUTES _____MORE THAN 30 MINUTES

- 10) **ONCE PRESENT, DOES THE NOISE EVER GO AWAY?** _____YES _____NO

IF GOES AWAY ABOUT HOW LONG _____

- 11) **UNDER WHICH OF THE FOLLOWING WEATHER CONDITIONS DO YOU HEAR THE NOISE?**

_____ DRY _____WET _____COLD _____ANY

- 12) **ANY OF THE FOLLOWING ON WHEN YOU HEAR THE NOISE?**

_____AIR CONDITIONER _____HEATER _____CLIMATE CONTROL _____WINDOW(S) OPEN

_____RADIO _____NONE _____SUNROOF OPEN

- 13) **WHAT GEAR IS THE VEHICLE IN WHEN YOU HEAR THE NOISE?**

AUTOMATIC OR CVT: _____PARK _____REVERSE _____NEUTRAL _____DRIVE

MANUAL: _____1ST _____2ND _____3RD _____4TH _____5TH _____6TH _____REVERSE _____ANY GEAR