

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