



### Noise Drivability Form

Please fill out this form and bring it with you to help us better diagnose the noises or problems your vehicle is experiencing. Thank you!

#### AREA OF NOISE ( all that applies)

- |   |   |                                      |                                 |                                     |
|---|---|--------------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Engine Compartment     | <input type="checkbox"/> Left                       | <input type="checkbox"/> Right       | <input type="checkbox"/> Center | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Front of Vehicle       | <input type="checkbox"/> Left                       | <input type="checkbox"/> Right       | <input type="checkbox"/> Center | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Rear of Vehicle        | <input type="checkbox"/> Left                       | <input type="checkbox"/> Right       | <input type="checkbox"/> Center | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Passenger Compartment  | <input type="checkbox"/> Left                       | <input type="checkbox"/> Right       | <input type="checkbox"/> Center | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Instrument Panel(Dash) | <input type="checkbox"/> Left                       | <input type="checkbox"/> Right       | <input type="checkbox"/> Center | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Doors                  | <input type="checkbox"/> Left                       | <input type="checkbox"/> Right       | <input type="checkbox"/> Center | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Driver Side left Front | <input type="checkbox"/> Passenger Side Right Front |                                      |                                 |                                     |
| <input type="checkbox"/> Driver Side left Rear  | <input type="checkbox"/> Passenger Side Right Rear  |                                      |                                 |                                     |
| <input type="checkbox"/> Rear seat areas        | <input type="checkbox"/> Console                    | <input type="checkbox"/> Other _____ |                                 |                                     |

#### NOISE SOUNDS LIKE ( all that applies)

- |                                      |                                     |                                      |                                   |                                  |
|--------------------------------------|-------------------------------------|--------------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Knocks      | <input type="checkbox"/> Hard Metal | <input type="checkbox"/> Light Metal | <input type="checkbox"/> Roars    | <input type="checkbox"/> Ticking |
| <input type="checkbox"/> Whine       | <input type="checkbox"/> Squeaks    | <input type="checkbox"/> Rattle      | <input type="checkbox"/> Scraping |                                  |
| <input type="checkbox"/> Other _____ |                                     |                                      |                                   |                                  |

#### WHEN DOES IT OCCUR? ( all that applies)

- |   |  |  |  |                                       |
|---|--|--|--|---------------------------------------|
| <input type="checkbox"/> All the time           | <input type="checkbox"/> Speed _____ mph | <input type="checkbox"/> RPM _____           | <input type="checkbox"/> Only Moving         |                                       |
| <input type="checkbox"/> On turns               | <input type="checkbox"/> Braking         | <input type="checkbox"/> Hard Throttle       | <input type="checkbox"/> Light Throttle      | <input type="checkbox"/> Deceleration |
| <input type="checkbox"/> Steady Speed _____ mph | <input type="checkbox"/> @ Idle in Drive | <input type="checkbox"/> Idle in Park        | <input type="checkbox"/> Hot Days            |                                       |
| <input type="checkbox"/> Cold Days              | <input type="checkbox"/> Warm Days       | <input type="checkbox"/> Humid or Rainy Days | <input type="checkbox"/> Temperature _____ F |                                       |
| <input type="checkbox"/> Heavy bumps            | <input type="checkbox"/> Light Bumps     | <input type="checkbox"/> Smooth Pavement     |  |                                       |

#### HOW OFTEN DOES IT OCCUR? ( one)

- |                                     |                                |                                       |                                       |                                    |
|-------------------------------------|--------------------------------|---------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Continuous | <input type="checkbox"/> Often | <input type="checkbox"/> Intermittent | <input type="checkbox"/> Just started | <input type="checkbox"/> Since New |
|-------------------------------------|--------------------------------|---------------------------------------|---------------------------------------|------------------------------------|

EXPLAIN:

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