



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:
