

Name _____

Vehicle License _____

Phone Number _____

Department _____

Date and Time of Conversation _____

Who do we call w/ questions?

Name _____

Phone _____

Vehicle Location _____

Service Requested

Oil Change

- Oil/Transmission Leak Color? _____
- Tire Rotation
- Check Brakes
- Other _____

- Balance Wheels
- Bulb Out DrFront DrBack PasFront PasBack
- Check AC
- Flat Tire/Leak DrFront DrBack PasFront PasBack

Warning Lights

- Check Engine Light
- ABS
- Oil
- Tire Pressure
- Engine Temp
- Traction Control
- Security Light
- Battery
- Airbag
- Other _____

Drivability

- Engine Runs Erratic
- Engine Will Not Start
- Engine Cranks / No Start
- Transmission Shifting Rough
- Engine Running Rough / Vibration
- Check for Noise in Engine
- Engine Stalls
- Brakes Pull To One Side To the Left To the Right
- Road Test
- Will Not Start When Cold
- Will Not Start When Hot
- Other _____

Frequency:

When does this issue occur? Is the issue Intermittent/ how frequently does it occur?

- Every once in a while Every time Random

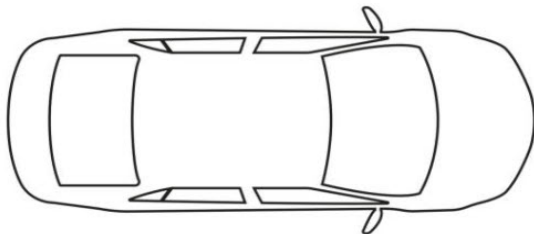
Describe the driving conditions when this issue occurs

- Accelerating Cruising When Braking Cornering Going over bumps
- Driving at hwy speeds Full Load (cargo or passengers) Empty (no cargo or passengers)

When this occurs is the vehicle hot or cold? (engine been running or just started)

- Hot Cold Both Unsure

Noises: Where is it coming from?



When do you hear it?

- Every once in a while Every time Random

What does it sound like?

- Grinding Squealing Squeak Clunk

Are there passengers in the vehicle?

- Yes No Front Only Backseat

Other Concerns / Notes

Appointment Scheduled

Date/Time _____

Work Order # _____