



**ENGINE SOUND CONCERN
GUEST INTERVIEW FORM**

VIN: _____ Guest Name: _____

RO#: _____ SC Name: _____ Date: _____

1. Describe the sound: (tick, knock, clatter, etc.)

2. Is the sound more prominent when the engine is cold, at normal operating temperature, or does it make a difference?

3. Does the sound get louder over time, or is it a consistent volume?

4. Are there any conditions in which the sound goes away or consistently occurs?

5. Has the vehicle consistently received the factory recommended maintenance?

6. Does the engine motor oil weight meet the factory specifications?

7. Have there been any recent repairs or services done to the vehicle? If so, please specify all repairs/services completed with the dates.



**EXTENDED CRANK/INTERMITTENT NO START
GUEST INTERVIEW FORM**

VIN: _____ Guest Name: _____

RO#: _____ SC Name: _____ Date: _____

1. How long has the car been sitting when the condition occurs?

2. How often does it occur? _____

3. Is there a consistent driving pattern prior to an extended crank? (i.e. a cold car was started and only ran for a few minutes and then the engine was difficult to start the next key cycle)

4. Was vehicle parked on a flat surface, significant incline/decline, or off camber?

5. Was the temperature unusually hot or cold?

6. Has situation lasted more than a tank of gas?

7. How long does the vehicle crank before it will start? (If equipped with smart key, how many attempts does it take to start vehicle?)

8. Does the vehicle run normally once it starts?



**INTERIOR NOISE CONCERN
GUEST INTERVIEW FORM**

VIN: _____ Guest Name: _____
RO#: _____ SC Name: _____ Date: _____

1. Please describe the type of sound (Squeak, Rattle, Creak, Pop, Vibration, Other).

2. Please describe when and under what conditions noise occurs.

3. When is it loudest, most frequent? (circle all that apply)

Engine Cold Engine Warm Highway Rough Road Cold Weather
Hot Weather Stopping Starting Turning

4. At what speed(s)/MPH(s) does this occur?

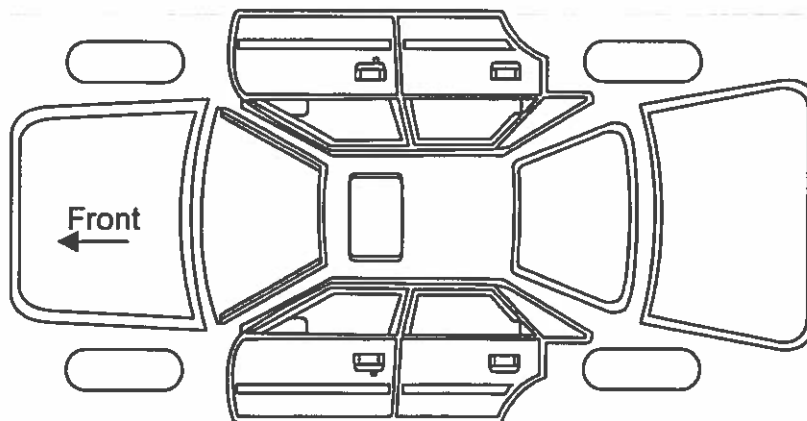
5. Does the noise change/stop with a change in speed? _____

6. When did it start? Gradually, Suddenly, Since New, Other _____

7. Did any of the following occur with the vehicle just before the sound became noticeable?

Long distance road trip, minor accident without obvious damage, transport heavy/large load,
service or repairs, accessories installed, other _____

8. Where do you believe the sound is coming from? (place an X on diagram below)





**LOSS/LACK OF POWER
GUEST INTERVIEW FORM**

VIN: _____ Guest Name: _____

RO#: _____ SC Name: _____ Date: _____

1. Did the MIL light (commonly referred to as the CHECK ENGINE light) illuminate after the condition occurred? (If yes, skip to question #6.) _____
2. How fast was the vehicle going when the condition occurred? _____
3. What was the throttle position during this condition? (accelerator pedal not depressed, moderately depressed, fully depressed, etc.) _____
4. What were the ambient temperature/weather conditions (rain?) when the condition occurred? _____

5. Was engine/transmission cold and the concern occurred just after start up? If not, was engine/transmission at operating temperature?

6. Was this an isolated incident or does it occur often?

7. Has situation lasted more than a tank of gas?



**TRANSMISSION CONCERN
GUEST INTERVIEW FORM**

VIN: _____ Guest Name: _____

RO#: _____ SC Name: _____ Date: _____

1. Did the MIL (commonly referred to as the CHECK ENGINE light) illuminate after the shift/condition occurred? (If yes, skip to question #6.) _____

2. How fast was the vehicle going when the concern occurred? Accelerating or coming to a stop? _____

3. What was the throttle position during this condition? (accelerator pedal not depressed, moderately depressed, fully depressed, etc.) _____

4. What were the ambient temperature/weather conditions (rain?) when the condition occurred? _____

5. Was engine/transmission cold and the concern occurred just after start up? If not, was engine/transmission at operating temperature?

6. Have there been any recent repairs or services done to the vehicle? If so, please specify all repairs/services completed with the dates.

7. Did the condition start suddenly, or did the shift/condition occur gradually and increase in intensity over time? Please explain. _____



**WIND NOISE CONCERN
GUEST INTERVIEW FORM**

VIN: _____ Guest Name: _____

RO#: _____ ASM Name: _____ Date: _____

1. Please describe the wind noise? Whistling or sounds like a partially opened window etc.

2. When did you first notice the wind noise? _____

3. When is the wind noise concern present? _____

4. At what speed is the wind noise concern most noticeable? _____

5. Is the sound only present on windy days? _____

6. Are there any exterior aftermarket parts (roof racks/bike racks/etc.) on vehicle?

7. Has the vehicle been in any accidents? Please describe.

8. What part of vehicle do you believe the sound is coming from? (Place an X on diagram)

