

DIAGNOSTIC FORM FOR:

NOISE & VIBRATION

Customer Name:

Date:



1020 Adams St S Hutchinson, MN 55350
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(320)587-3910

PLEASE CHECK ALL APPLICABLE BOXES AND FULLY DESCRIBE THE CONDITION THAT APPLIES TO YOUR VEHICLE.

Type of Noise

- | | | |
|----------------------------------|---------------------------------|----------------------------------|
| <input type="checkbox"/> Buzz | <input type="checkbox"/> Hum | <input type="checkbox"/> Roar |
| <input type="checkbox"/> Chatter | <input type="checkbox"/> Knock | <input type="checkbox"/> Rumble |
| <input type="checkbox"/> Chirp | <input type="checkbox"/> Rattle | <input type="checkbox"/> Squeak |
| <input type="checkbox"/> Clunk | <input type="checkbox"/> Squeal | <input type="checkbox"/> Whistle |
| <input type="checkbox"/> Grind | <input type="checkbox"/> Tap | <input type="checkbox"/> Whine |
| <input type="checkbox"/> Hiss | | |
| <input type="checkbox"/> Other: | <input type="text"/> | |

Does Your Vehicle Make the Noise When...

- Turning in either direction while moving?
- Left Right Both
- You were braking?
- Yes No
- The A/C or Heat was..
- On Off
- The vehicle is parked or idling?
- Yes No
- Other:

Speed & Weather

How fast were you traveling when the noise occurred? mph

What was the weather like? (Ex: Heavy Rain)