



**ENGINE SOUND CONCERN  
CUSTOMER INTERVIEW FORM**

VIN: \_\_\_\_\_ Customer Name: \_\_\_\_\_

RO#: \_\_\_\_\_ ASM Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

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

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

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

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

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

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

VIN: \_\_\_\_\_ Customer Name: \_\_\_\_\_

RO#: \_\_\_\_\_ ASM Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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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)

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

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5. Was the temperature unusually hot or cold?

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

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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?)

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8. Does the vehicle run normally once it starts?

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VIN: \_\_\_\_\_ Customer Name: \_\_\_\_\_

RO#: \_\_\_\_\_ ASM 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?

\_\_\_\_\_

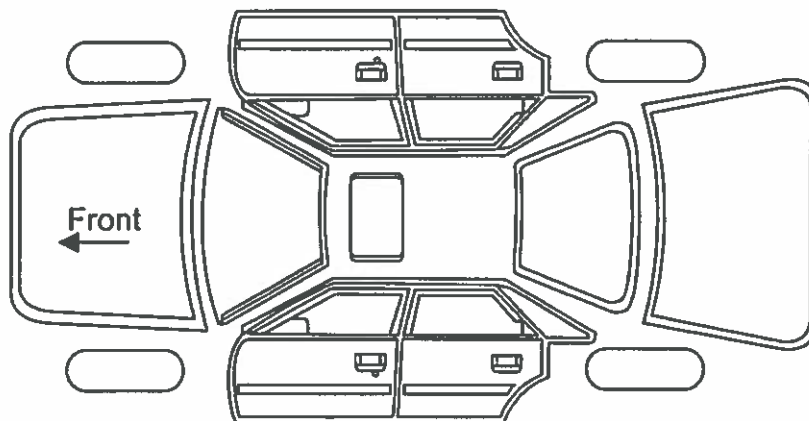
5. Does the noise change/stop with a change in speed? \_\_\_\_\_

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  
CUSTOMER INTERVIEW FORM**

VIN: \_\_\_\_\_ Customer Name: \_\_\_\_\_

RO#: \_\_\_\_\_ ASM 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  
CUSTOMER INTERVIEW FORM**

VIN: \_\_\_\_\_ Customer Name: \_\_\_\_\_

RO#: \_\_\_\_\_ ASM 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. \_\_\_\_\_  
\_\_\_\_\_

VIN: \_\_\_\_\_ Customer 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)

\_\_\_\_\_

