

Customer name MR/MS	Model & Year		VIN
Engine #	Trans.		Mileage
Incident Date	Manuf. Date		In Service Date
Symptoms	<input type="checkbox"/> Noise and vibration (from engine compartment) <input type="checkbox"/> Noise and vibration (from axle)	<input type="checkbox"/> Warning / Indicator activate	<input type="checkbox"/> Firm pedal operation Large stroke pedal operation
	<input type="checkbox"/> TCS does not work (Rear wheels slip when accelerating)	<input type="checkbox"/> ABS does not work (Wheels lock when braking)	<input type="checkbox"/> Lack of sense of acceleration
Engine conditions	<input type="checkbox"/> When starting <input type="checkbox"/> After starting		
Road conditions	<input type="checkbox"/> Low friction road (<input type="checkbox"/> Snow <input type="checkbox"/> Gravel <input type="checkbox"/> Other) <input type="checkbox"/> Bumps / potholes		
Driving conditions	<input type="checkbox"/> Full-acceleration <input type="checkbox"/> High speed cornering <input type="checkbox"/> Vehicle speed: Greater than 10 km/h (6 MPH) <input type="checkbox"/> Vehicle speed: 10 km/h (6 MPH) or less <input type="checkbox"/> Vehicle is stopped		
Applying brake conditions	<input type="checkbox"/> Suddenly <input type="checkbox"/> Gradually		
Other conditions	<input type="checkbox"/> Operation of electrical equipment <input type="checkbox"/> Shift change <input type="checkbox"/> Other descriptions		