

Vehicle # Date **Contact Information**Name Phone E-mail Department **General Information**Year Make Model VIN Mileage **Preliminary Diagnosis**

Why are you bringing your vehicle in for service today?

Other

- ☐ Scheduled PM Service
- ☐ Safety Inspection
- ☐ Flat Tire

- ☐ Warning lights on
- ☐ Unusual noise
- ☐ Unusual smell

Symptoms**Brakes**

- ☐ ABS ☐ Pulling
- ☐ Grinding ☐ Pulsating
- ☐ Hard/soft pedal ☐ Squeaking
- ☐ Pedal Fade ☐ Vibrating
- ☐ Parking brake

Cooling/Heating/AC

- ☐ Overheating
- ☐ Leaking coolant
- ☐ Unusual smell

Drivability

- ☐ Check engine light on ☐ Misfire
- ☐ Hard to start ☐ Pinging
- ☐ Lack of power ☐ Idle problem
- ☐ Surging ☐ Fuel/unusual smell

Electrical

- ☐ Charging System ☐ Lamps out
- ☐ Blown Fuses ☐ Battery
- ☐ Equipment Malfunction ☐ Instrument light on
- Which equipment?

Engine

- ☐ Leaking fluids ☐ Exhaust noise/rattle
- ☐ Hard to start
- ☐ Lack of Power
- ☐ Making noise

Tires/Wheels/Suspension/Steering

- ☐ Irregular tire wear ☐ **Pulling**
- ☐ Vibrations ☐ Left
- ☐ Clunks/noise ☐ Right
- ☐ Steering whine/groan ☐ Won't turn
- ☐ Leaking fluids

Occurrence**How Often**

- ☐ Always
- ☐ Sometimes
- ☐ Rarely

When

- ☐ Cold
- ☐ Hot
- ☐ Normal
- ☐ Other:

While

- ☐ Accelerating
- ☐ Decelerating
- ☐ Cruising
- ☐ On corners
- ☐ At MPH

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Other (briefly explain problem/concern):