

Weird Symptoms Checklist

Contact Information

Name: _____

Year: _____ Make: _____ Model: _____

License Plate number: _____ Current Mileage: _____

Phone number you can be reached at: _____

Email address (if best way to reach you): _____

Check as many symptoms as needed to describe what is going on

Describe as best you can:

Weird Noises: _____

Weird Smell: _____

Looks Weird: _____

Feels Weird: _____

Happening outside of the car

- Driver's Front Passenger Front in engine compartment
- Driver's Rear Passenger Rear under the vehicle

Happening inside of the car (indicate which window, door or seat)

- Front Dash Windshield Window _____
- Door _____ Seat _____
- Feel it in the brake pedal Feel it in the steering wheel
- In the cargo area In the trunk area

When do you notice it?

- All the time Only when first starting engine
- After the car is warmed up When engine is hot
- After driving _____ miles After driving _____ minutes
- On dirt roads Going up hills
- In stop and go traffic On the highway
- When stopping (braking) After coming to a complete stop
- When accelerating When decelerating
- When turning right When turning left
- Whenever it feels like it (no rhyme or reason)
- At _____ mph Any speed, doesn't matter
- When the A/C is on When the defrost is on
- When the heat is on When the radio / tape / CD is on

On a 5 Speed Transmission

- When in _____ gear When shifting from ____ gear to ____ gear
- When shifting in reverse