


# Vehicle Drop Off Questionnaire

Tell us about the problem(s) you are experiencing:

I'm having a...	What happens?
<input type="checkbox"/> Starting Problem	<input type="checkbox"/> Will Not Crank <input type="checkbox"/> Cranks, but won't start <input type="checkbox"/> Starts, but takes awhile <input type="checkbox"/> _____
<input type="checkbox"/> Engine Problem	<input type="checkbox"/> Stalls <input type="checkbox"/> Stops Running
<input type="checkbox"/> Poor Idle	<input type="checkbox"/> Too slow <input type="checkbox"/> Too fast <input type="checkbox"/> Fluctuates <input type="checkbox"/> Rough or uneven
<input type="checkbox"/> Poor Run	<input type="checkbox"/> Runs rough <input type="checkbox"/> No power <input type="checkbox"/> Hesitates or stumbles <input type="checkbox"/> Jerks <input type="checkbox"/> Backfires <input type="checkbox"/> Misfires / Cuts Out
<input type="checkbox"/> Transmission Problems	<input type="checkbox"/> Shifting early <input type="checkbox"/> Shifting late <input type="checkbox"/> Changes gear randomly <input type="checkbox"/> Vehicle does not move in gear
<input type="checkbox"/> Handles Poorly	<input type="checkbox"/> Pulls to the Right <input type="checkbox"/> Pulls to the Left <input type="checkbox"/> Hard to steer <input type="checkbox"/> Vehicle shakes or vibrates <input type="checkbox"/> Bounces around
<input type="checkbox"/> Noise Problem	<input type="checkbox"/> Knocking <input type="checkbox"/> Buzzing <input type="checkbox"/> Rattling <input type="checkbox"/> Grinding <input type="checkbox"/> Humming <input type="checkbox"/> Front <input type="checkbox"/> Rear <input type="checkbox"/> _____
<input type="checkbox"/> Odor Problem	<input type="checkbox"/> Fuel smell <input type="checkbox"/> Rotten egg <input type="checkbox"/> Exhaust smell <input type="checkbox"/> Burning oil smell <input type="checkbox"/> Other: <input type="checkbox"/> _____
<input type="checkbox"/> Light on Dash	<input type="checkbox"/> Light is always on <input type="checkbox"/> Light comes on and off <input type="checkbox"/> Light is on occasionally <input type="checkbox"/> Light is flashing <input type="checkbox"/> Circle if light is below: 

Tell us when the problem(s) occur(s):

When does it happen?	What are the conditions?
<input type="checkbox"/> Every time <input type="checkbox"/> At 1 <sup>st</sup> start up <input type="checkbox"/> After starting vehicle <input type="checkbox"/> Intermittent <input type="checkbox"/> While running errands <input type="checkbox"/> At idle <input type="checkbox"/> After putting into gear	<input type="checkbox"/> During acceleration <input type="checkbox"/> When turning <input type="checkbox"/> While braking <input type="checkbox"/> Going downhill <input type="checkbox"/> Going uphill <input type="checkbox"/> _____ <input type="checkbox"/> Engine is cold <input type="checkbox"/> Engine is warm <input type="checkbox"/> Outside temp is cold <input type="checkbox"/> Outside temp is warm <input type="checkbox"/> Wet outside <input type="checkbox"/> Snow outside <input type="checkbox"/> _____