

CONDITIONS OF OCCURRENCE

Time:	<input type="checkbox"/> First start/cold engine	<input type="checkbox"/> Restart after 15 min - 2 hrs	<input type="checkbox"/> Restart after 2 - 5 hrs
Speed:	<input type="checkbox"/> Idle	<input type="checkbox"/> Low speed	<input type="checkbox"/> Stop and go
	<input type="checkbox"/> Highway (cruise)	<input type="checkbox"/> Highway speed	<input type="checkbox"/> Acceleration
	<input type="checkbox"/> Deceleration		
Distance:	<input type="checkbox"/> Less than 2 miles	<input type="checkbox"/> From 2 - 10 miles	<input type="checkbox"/> More than 10 miles
Conditions:	<input type="checkbox"/> Uphill	<input type="checkbox"/> Downhill	<input type="checkbox"/> Flat / straight
Environment:	<input type="checkbox"/> Cold weather	<input type="checkbox"/> Hot weather	<input type="checkbox"/> Wet/raining
	<input type="checkbox"/> Snow/sleet/ice	<input type="checkbox"/> Fog	<input type="checkbox"/> Dirt/dust
Frequency:	<input type="checkbox"/> Always	<input type="checkbox"/> Intermittently	
	<input type="checkbox"/> After _____ miles	<input type="checkbox"/> After _____ minutes	
Driving Habits:	<input type="checkbox"/> Start cold engine and drive immediately	<input type="checkbox"/> Mostly city driving	
	<input type="checkbox"/> Start cold engine/warm up _____ sec/min	<input type="checkbox"/> Mostly highway driving	
	<input type="checkbox"/> Average miles driven per day: _____	<input type="checkbox"/> Park in garage	
	<input type="checkbox"/> Mostly drive aggressively	<input type="checkbox"/> Mostly drive easily	
Fuel Quality:	Type	Octane	Brand: _____
	<input type="checkbox"/> Gasoline	<input type="checkbox"/> _____	Last fill-up date: _____
	<input type="checkbox"/> Diesel	<input type="checkbox"/> 87	Miles since last fill: _____
	<input type="checkbox"/> Bio-diesel	<input type="checkbox"/> 89	
		<input type="checkbox"/> 91	
		<input type="checkbox"/> 92	

DESCRIPTION OF ABNORMAL SOUNDS

Location on vehicle:	<input type="checkbox"/> Engine area	<input type="checkbox"/> Front left	<input type="checkbox"/> Front Right
	<input type="checkbox"/> Rear	<input type="checkbox"/> Rear left	<input type="checkbox"/> Rear right
Type of Noise:	<input type="checkbox"/> Squeal/squeak	<input type="checkbox"/> Rattle	<input type="checkbox"/> Rumble
	<input type="checkbox"/> Hum	<input type="checkbox"/> Clunk/bang	
Intensity of Noise:	<input type="checkbox"/> Slight	<input type="checkbox"/> Moderate	<input type="checkbox"/> Severe
Noise occurs:	<input type="checkbox"/> At all times	<input type="checkbox"/> Only while stopped	<input type="checkbox"/> Only while moving

CUSTOMER COMMENTS

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