

DIAGNOSTIC FORM FOR:

# DRIVABILITY

Customer Name:

Date:



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PLEASE CHECK ALL APPLICABLE BOXES AND FULLY DESCRIBE THE CONDITION THAT APPLIES TO YOUR VEHICLE.

## THIS IS THE PROBLEM

What electrical component is being affected?

- Hard starting
  - Engine cranks
  - No crank
- Idle is rough
- Idle is high
- Idle fluctuates
- Engine hesitates or stumbles
- Engine backfires or makes popping noise
- Engine misfires or skips
- Poor MPG

MPG Before     MPG Now

Other (please describe)

## CHECK ENGINE LIGHT IS ON

- Check engine light is on
- Check engine light was on in the past month
- Check engine light goes on and off

When was the last service performed on the car?

Has the check engine light been on before?

- Yes     No

If so, when?

## IT OCCURS AS FOLLOWS

The problem occurs:

- Always
- Sometimes (once or twice a week)
- Rarely (once or twice a month)
- Just started
- Has happened since the car was new

Engine temperature:

- Cold
- While warming up
- Normal Operating Temperature
- Hot
- All of the above

The outside temperature was:

- Cold
- Warm
- Hot
- Humid or Raining

Other (please describe)

Driving Conditions:

- Accelerating
  - Hard     Medium     Light
- Decelerating
- Cruising
- Cornering