

DIAGNOSTIC FORM FOR:

ELECTRICAL



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Customer Name:

Date:

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?

1.
2.
3.
4.
5.

Have any fuses been replaced lately?

Yes No

If so, which one?

Has your vehicle been in an accident?

Yes No

If so, what part was damaged?

Have there been any electrical repairs done in the last month?

Yes No

If so, what was repaired?

Was the battery replaced recently?

Yes No

What is your radio code?

IT OCCURS AS FOLLOWS

The problem occurs when the vehicle is:

- At idle
- Light Acceleration
- Medium Acceleration
- Heavy Acceleration

MPH

The problem happens:

- All the time
- Once a Day
- Once a Week
- Once a Month

When did the problem occur last?

Date:

The engine was:

- Cold
- Hot
- Normal operating temperature

The outside temperature was:

- Cold Sunny
- Warm Dry
- Hot Raining
- Other, describe..

Was the A/C on? Yes No

Was the vehicle towed in? Yes No