



**PHONE 248-382-1280**  
 Weekdays 8am-6pm Sat. 9am-3pm  
 Towing Available



**402 North Saginaw  
 Holly MI 48442**



### Drivability Form

Please use this form to give us a better idea of the problems you are experiencing with your vehicle.

Customer Info	First Name: _____ Last Name: _____ Date: __/__/____ Home Phone: ( ) - _____ Cell Phone: ( ) - _____ eMail: _____ Street Address: _____ City: _____ Zip Code: _____
Vehicle Info	Make: _____ Model: _____ Year: _____
Towing	<input type="checkbox"/> No Towing Required <input type="checkbox"/> Yes I Need A Tow Please
Starting	<input type="checkbox"/> Starts OK <input type="checkbox"/> Won't Crank <input type="checkbox"/> Cranks, Won't Start <input type="checkbox"/> Hard Start, Long Crank Unusual Sound, Describe: _____
Any Dash Lights On?	<input type="checkbox"/> No <input type="checkbox"/> Check/Service Engine <input type="checkbox"/> Alternator <input type="checkbox"/> Temperature Other Light, Describe: _____
Engine Idle Is	<input type="checkbox"/> OK <input type="checkbox"/> Too Slow <input type="checkbox"/> Too High <input type="checkbox"/> Rough/Unsteady <input type="checkbox"/> Fluctuates <input type="checkbox"/> Slow w/AC On
Engine Running Condition	<input type="checkbox"/> OK <input type="checkbox"/> Rough <input type="checkbox"/> Pings, Knocks <input type="checkbox"/> Lacks Power <input type="checkbox"/> Backfires <input type="checkbox"/> Hesitates During Acceleration <input type="checkbox"/> Poor Fuel Economy <input type="checkbox"/> Runs on After Key Is Off Other, Describe: _____
Engine Stalls	<input type="checkbox"/> Never <input type="checkbox"/> Right After Starting <input type="checkbox"/> While Idling <input type="checkbox"/> When Shifting Into Gear <input type="checkbox"/> While Accelerating <input type="checkbox"/> While Decelerating, Braking <input type="checkbox"/> Coming To A Stop, Parking <input type="checkbox"/> Random, Unpredictable
Transmission (Automatic)	<input type="checkbox"/> OK <input type="checkbox"/> Hard Shifting, Jerks <input type="checkbox"/> Shifts Early <input type="checkbox"/> Shifts Late <input type="checkbox"/> Changes Gear When It Shouldn't <input type="checkbox"/> Vehicle Fails To Move When In Gear
Handling	<input type="checkbox"/> OK <input type="checkbox"/> Steering Pulls To Left <input type="checkbox"/> Steering Pulls To Right <input type="checkbox"/> Steering Loose, Drifts <input type="checkbox"/> Hard Steering <input type="checkbox"/> Vehicle Shakes
Smells, Odors?	Describe: _____
Noise/Sounds?	Describe: _____
Smoke?	If So, What Color? _____
How Often?	Problem Occurs: <input type="checkbox"/> Rarely <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> All The Time
Occurs When Engine Is	<input type="checkbox"/> Cold <input type="checkbox"/> Normal/Warm <input type="checkbox"/> Hot <input type="checkbox"/> All Temperatures
Occurs At These Speeds	<input type="checkbox"/> In Park, Or Drive & Stopped <input type="checkbox"/> Low, Under 35 MPH <input type="checkbox"/> Cruising, 35 to 55 MPH <input type="checkbox"/> High, 55+ MPH
How Long?	How Long Has Problem Existed? _____
Driving Habits	<input type="checkbox"/> Mix <input type="checkbox"/> Mostly City <input type="checkbox"/> Mostly Highway
Roads, Terrain	<input type="checkbox"/> Mix <input type="checkbox"/> Mostly Paved <input type="checkbox"/> Mostly Dirt/Gravel <input type="checkbox"/> Some Off Road (4x4)
Miles Per Day	Miles Driven Per Day? _____
Fuel Used	<input type="checkbox"/> Regular <input type="checkbox"/> Unleaded <input type="checkbox"/> Premium Unleaded <input type="checkbox"/> E85 <input type="checkbox"/> Diesel
Comments, Additional Info	_____ _____ _____ _____