

Motor Works. Inc. / Diagnostic Worksheet – Unusual Noises



Name: _____

Phone: _____ Date: _____

Car info: Year ____ Make _____ Model _____ Automatic/Manual

Have we seen this car before? Y/N

To the best of your ability, please describe the noise you are hearing and under what conditions. (E.G., high pitched scraping noise, when cold, at stoplights, when starting or stopping, etc.) _____

- Noises - Any of these apply?
- Squeals on turns
 - Clunk or squeak over bumps
 - Clunk or squeak when braking
 - Crunching or groaning over bumps
 - Rapid clicking when turning tightly
 - Moaning when turning tightly
 - High pitched squeak when backing
 - Metallic rattle from under vehicle
 - Low groan when stopping
 - Squeal when stopping
 - Clicking or clunking when stopping

When did this trouble first appear? _____

Were ANY repairs, maintenance work performed just before the noise started? E.G., new tires, oil changes, body repairs, servicing, etc.Y/N

If so, please describe _____

Signed X _____