

Toyota Technical Assistance System

Chassis Pre-Call Worksheet

Dealer Code:	Technician Name:	Customer Last Name:
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VIN:	P/D:	Mileage:
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Complaint verified: <input type="checkbox"/> yes <input type="checkbox"/> no	Freeze Frame Data Saved? <input type="checkbox"/> yes <input type="checkbox"/> no Write DTC's below
Accessories: () OEM () Other (aftermarket)	*DO NOT CLEAR CODES!!!

Please ask customer about what happened. (How was the vehicle driven when the problem occurred?):

How long has customer owned vehicle? _____ How often does customer drive vehicle? _____ (Times per day / week / month)

How long has condition been present? Since Purchase Since _____ miles / months

Where did the problem occur? City _____ Intersection _____ Highway _____ other _____

Has vehicle been involved in an accident? Y N If yes, where did damage occur? _____

Tire tread depth LF _____ RF _____ LR _____ RR _____ Any unusual tire wear noted: LF _____ RF _____ LR _____ RR _____

Brake Pad % remaining: LF inboard _____% LF outer _____% RF inboard _____% RF outer _____%
 LR inboard _____% LR outer _____% RR inboard _____% RR outer _____%

Driving Conditions	Road Conditions	Vehicle Conditions		
Vehicle Speed _____ <input type="checkbox"/> Accel from stop <input type="checkbox"/> Accel from cruise <input type="checkbox"/> Cruise <input type="checkbox"/> Decelerating <input type="checkbox"/> While Braking <input type="checkbox"/> While Turning <input type="checkbox"/> While Parking <input type="checkbox"/> Forward <input type="checkbox"/> Reverse <input type="checkbox"/> Other, Describe: _____	<input type="checkbox"/> Flat <input type="checkbox"/> Ascent _____° <input type="checkbox"/> Descent _____° <input type="checkbox"/> Dry Paved <input type="checkbox"/> Wet Paved <input type="checkbox"/> Unpaved <input type="checkbox"/> Rough Road <input type="checkbox"/> Snowy / Frozen <input type="checkbox"/> Curb <input type="checkbox"/> Other, Describe: _____	Fuel Level: <input type="checkbox"/> Just Filled <input type="checkbox"/> Between Full & ¾ <input type="checkbox"/> Between ¾ & ½ <input type="checkbox"/> Between ½ & ¼ <input type="checkbox"/> Below ¼ Vehicle Temp <input type="checkbox"/> Cold <input type="checkbox"/> Normal operating Temp <input type="checkbox"/> Hot	Weather Conditions Approximate Temp _____ ° F or C Time of Day: _____ Sunny or Cloudy? Wind? Rain? Snow? Ice? Sleet?	Warning Lights Master <input type="checkbox"/> On MIL <input type="checkbox"/> On <input type="checkbox"/> Flashing TPWS <input type="checkbox"/> On <input type="checkbox"/> Flashing ABS <input type="checkbox"/> On <input type="checkbox"/> Flashing TRAC <input type="checkbox"/> On <input type="checkbox"/> Flashing VSC <input type="checkbox"/> On <input type="checkbox"/> Flashing

Noise Conditions

Is sound sharp (metal to metal) or dull (metal to rubber)?

Location of noise? (select all that apply) FL FR RL RR

Continuous noise or just one time? Continuous Once Other

Does noise change when turning? No Left Right

Does noise change with application of brakes? Yes No

Does noise change with brake pedal pressure? Yes No

Speed when noise occurs? _____MPH

Does noise change over bumps? Yes No

Can noise be duplicated on lift? Yes No

One word description of the noise? _____

Brake rotor temperature when noise occurs? Hot Cold

Vibration Conditions

Vibration felt in: Steering Body Pedals

Vibration intensity: High Low

Change in vibration with brake application? Yes No

Vibration change when in neutral? Yes No

Rotor runout: FL _____ FR _____ RL _____ RR _____

Front and rear hub runout: FL _____ FR _____ RL _____ RR _____

Tire RFV data: FL _____ FR _____ RL _____ RR _____

Wheel and tire runout: FL _____ FR _____ RL _____ RR _____

Tire DOT codes:

NVH Machine:

Pulling Conditions

Condition description: Pull Drift

Direction: Right Left

Condition with brakes applied? Yes No

Time to change lanes? _____Sec

Tire Pressures: FL _____ FR _____
 RL _____ RR _____

Alignment Data:

FL	FR
Camber _____	_____
Caster _____	_____
Toe _____	_____
RL	RR
Camber _____	_____
Caster _____	_____
Toe _____	_____

ABS / TRAC / VSC Lights ON

Does system operate correctly? Yes No

Aftermarket components? Yes No

If so What? _____

Any driveability concerns? Yes No

Has data list been reviewed? Yes No

List concerns with data list below: