DIBCO–01

CUSTOMER PROBLEM ANALYSIS CHECK

LEXUS NIGHT VIEW SYSTEM

Inspector's name: _____

Customer's Name		**VIN**	
		Production Date	
		Licence No.	
Brought–in Date	/ /	**Odometer Reading**	**km Mile**

Date of First Occurrence	/ /
Frequency of Problem Occurrence	☐ Always ☐ Intermittently

Problem Symptom	Condition when the trouble occurs		☐ **ACC ON** ☐ **E/G starts running** ☐ **Night View SW operating** ☐ **Ignition ON** ☐ **Headlight SW operating** ☐ **others**
	Display cover malfunction	Cover condition	☐ **Open** ☐ **Close** ☐ **Others (** **)**
	Night View switch malfunction	Main indicator condition	☐ **Comes on** ☐ **Does not come on** ☐ **Others (** **)**
		Beam indicator condition	☐ **Comes on** ☐ **Does not come on** ☐ **Others (** **)**
	Display malfunction	Screen condition	☐ **Dark** ☐ **Black** ☐ **White** ☐ **Others (** **)**
	Night View Projector malfunction	☐ **Does not come on** ☐ **Others (** **)**	