DICDS–01

CUSTOMER PROBLEM ANALYSIS CHECK

REAR VIEW MONITOR SYSTEM

Inspector's name: _____

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

Date of First Occurrence	/ /
Frequency of Problem Occurrence	☐ Constant ☐ Intermittent (Times a day)

Problem Symptom	Condition on the normal return	☐ **ACC ON** ☐ **E/G starts running** ☐ **SW operating**
	Condition on the trouble	☐ **ACC OFF → ON** ☐ **( ) SW operating** ☐ **others**

	Parts name	**DTC (1st time)**	**DTC (2nd time)**
DTC Check	Television camera ECU		

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