

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 ()		