

## CUSTOMER PROBLEM ANALYSIS CHECK

## CRUISE CONTROL SYSTEM Check Sheet

Inspector's name: \_\_\_\_\_

|                            |     |                   |            |
|----------------------------|-----|-------------------|------------|
| Customer's Name            |     | Registration No.  |            |
|                            |     | Registration Year |            |
|                            |     | Frame No.         |            |
| Date of Vehicle Brought in | / / | Odometer Reading  | km<br>Mile |

|                                 |                                     |                                                                                             |
|---------------------------------|-------------------------------------|---------------------------------------------------------------------------------------------|
| Condition of Problem Occurrence | Date of Problem Occurrence          | / /                                                                                         |
|                                 | Frequency Problem Occurs?           | <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent (    Times a day) |
|                                 | Vehicle Speed when Problem Occurred | km<br>Mile                                                                                  |

|          |                                                     |                                                                                                                                                                                                                                                                                                                                                                                 |
|----------|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Symptoms | <input type="checkbox"/> Auto cancel occurs         | <ul style="list-style-type: none"> <li>• Driving condition<br/> <input type="checkbox"/> City driving    <input type="checkbox"/> Freeway    <input type="checkbox"/> Up hill    <input type="checkbox"/> Down hill</li> <li>• After cancel occurred, did the driver activate cruise control again?<br/> <input type="checkbox"/> Yes    <input type="checkbox"/> No</li> </ul> |
|          | <input type="checkbox"/> Cancel does not occur      | <input type="checkbox"/> With brake ON<br><input type="checkbox"/> Except D position shift<br><input type="checkbox"/> When control SW turns to CANCEL position                                                                                                                                                                                                                 |
|          | <input type="checkbox"/> Cruise control malfunction | <input type="checkbox"/> Slip to acceleration side<br><input type="checkbox"/> Slip to deceleration side<br><input type="checkbox"/> Hunting occurs<br><input type="checkbox"/> O/D cut off does not occur<br><input type="checkbox"/> O/D does not return                                                                                                                      |
|          | <input type="checkbox"/> Switch malfunction         | <input type="checkbox"/> SET <input type="checkbox"/> ACCEL <input type="checkbox"/> COAST <input type="checkbox"/> RESUME <input type="checkbox"/> CANCEL                                                                                                                                                                                                                      |
|          | <input type="checkbox"/>                            | <input type="checkbox"/> Remains ON <input type="checkbox"/> Does not light up <input type="checkbox"/> Blinks                                                                                                                                                                                                                                                                  |

|           |          |                                                                                           |
|-----------|----------|-------------------------------------------------------------------------------------------|
| DTC Check | 1st Time | <input type="checkbox"/> Normal Code <input type="checkbox"/> Malfunction Code (Code    ) |
|           | 2nd Time | <input type="checkbox"/> Normal Code <input type="checkbox"/> Malfunction Code (Code    ) |