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## Automatic Transmission, Repairing

Subject:

Date:

All with 4&5 Speed Automatic Transmission

Model(s):

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### Condition

5 speed automatic transmission requires repair or replacement.

### Service

Whenever repairing or replacing a 5 speed automatic transmission:

- Make a copy of the attached "5 Speed Automatic Transmission Claim Report".
- ◆ Document will serve as part of the Self Authorization Process for the work performed.

Page 1 generic information (Customer name, Customer number, model information etc.):

- Fill out as thoroughly as possible.

Page 1 and 2 Concern specific information (Fluids, DTCs Operating conditions etc.):

- Fill out areas associated with concern (i.e. if leaks are checked on page 1, fill out Leakage Detail on page 2).
- Keep a copy of this report with the Repair Order in the Vehicle file.
- Send copy of report along with any transmission parts requested by the Warranty claim Center.

### Note:

*When sending any documentation along with transmission parts, always place documentation in a plastic bag for protection.*

# eurotrans **5 Speed Automatic Transmission Claim Report**

Complete **only** the areas associated with this concern

Customer Name:		Customer Number:	Date:	Trans. Code:
Technician's Name or Installer:		RO#:	Dir. Phone #:	Trans. Serial #:
Vehicle Model:	Trans. Type		Dir. Fax #:	Master Parts List (01V only):
Vehicle Mileage:	TCM Part#:	TCM Data Level:	TCM Coding:	
Delivery Date:	ECM Part#:	ECM Data Level:	ECM Coding:	
VIN:			<input type="checkbox"/> Vehicle Towed to Shop <input type="checkbox"/> Vehicle Driven to Shop	

Customer Concern: \_\_\_\_\_

Technician Verification: \_\_\_\_\_

Fluids	ATF	Differential (01V)
Level	<input type="checkbox"/> OK <input type="checkbox"/> Low <input type="checkbox"/> High	<input type="checkbox"/> OK <input type="checkbox"/> Low <input type="checkbox"/> High
Condition	<input type="checkbox"/> OK <input type="checkbox"/> Detail on page 2	<input type="checkbox"/> OK <input type="checkbox"/> Detail on page 2
Leaks	<input type="checkbox"/> None <input type="checkbox"/> Detail on page 2	<input type="checkbox"/> None <input type="checkbox"/> Detail on page 2
ATF Temp when problem occurs _____ °C		

### Shift Quality Chart

Mark appropriate box(es) with an **X** to indicate the condition.  
 Draw an arrow between boxes to indicate an upshift ↓ or downshift ↑.

<b>DTCs</b>	what tool/scanner:
TCM	<input type="checkbox"/> Yes <input type="checkbox"/> No
ECM	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Systems	<input type="checkbox"/> Yes <input type="checkbox"/> No

Operating Conditions	
Engine RPM	
Vehicle Speed	mph kph
Engine Temp	°C
Trans Temp	°C
Ambient Temp	Approx. °F °C
Is the Concern:	<input type="checkbox"/> Constant <input type="checkbox"/> Intermittent
Drive Conditions	<input type="checkbox"/> Accelerating <input type="checkbox"/> Decelerating <input type="checkbox"/> Constant speed <input type="checkbox"/> Braking

	Normal	Slips	Noise in Gear	Won't Shift	Won't Shift Manually	Harsh Shift/Apply	Soft Shift/Apply	Early Shift	Late Shift	No TCC Lock-up
Drive - 1										
2										
3										
4										
5										
Tiptronic - 1										
2										
3										
4										
5										
Selector gate positions 4										
3										
2										
1										
Reverse										

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Complete **only** the areas associated with this concern

## Noise

Type of noise (whine, rattle, bang, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Does noise  increase  decrease  
with  increasing  decreasing  
 engine speed  vehicle speed?

Does the noise occur in Neutral?  Yes  No

Customer states noise getting worse?  Yes  No

## Fluid Condition Detail

### ATF

Color: \_\_\_\_\_

Odor: \_\_\_\_\_

Contamination Type: \_\_\_\_\_

### Differential Fluid (01V/01M/cvt only)

Color: \_\_\_\_\_

Contamination Type: \_\_\_\_\_

## Shift Quality Detail

Circle or check appropriate number or area and describe where necessary.

Does concern occur:

When moving selector lever from

N-D  N-R  R-P  P-R

On sudden load change

acceleration  deceleration

Erratic (please explain) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Leakage Detail

Use picture / drawing / sketch if possible to show location (attach drawing).

Vent  Transmission  Front Axle drive  
 Center Differential

Output flange  left  right  
 rear

Drain plug  transmission  front axle drive  
 center differential

Weep hole  
 front  center  rear

Oil cooler pipe  
 transmission  radiator  other (explain)

Oil cooler, banjo bolt seals

Oil pan

Converter housing

Various cover plates: \_\_\_\_\_

\_\_\_\_\_

Joining housings: \_\_\_\_\_

\_\_\_\_\_

Others / Remarks: \_\_\_\_\_

\_\_\_\_\_

**Additional Information:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Important safety information:** When driving or riding in airbag-equipped vehicles, never hold test equipment in your hands or lap when the vehicle is in motion. Objects between you and the airbag can increase the risk of injury in an accident. During a road test in an airbag-equipped vehicle, test equipment must always be fastened to and operated from the rear seat by a second technician.