

# TOYOTA TECHNICAL ASSISTANCE SYSTEM

## Hybrid Powertrain Pre-Call Worksheet

Dealer Code:	Technician's Name:	Customer Last Name:
VIN:	P/D:	Mileage:

Complaint Verified: <input type="checkbox"/> Yes <input type="checkbox"/> No Accessories: ( ) RSE ( ) Other (aftermarket)	Freeze Frame Data Saved? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>* DO NOT CLEAR CODES!!!</b>	Write DTCs below:
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Please ask customer about what happened (how was the vehicle driven when the problem occurred):  
\_\_\_\_\_

How long has customer owned vehicle? \_\_\_\_\_ How often does customer drive vehicle? \_\_\_\_ (times per day / week / month)

How long has this condition been present?  Since purchase  Since \_\_\_\_\_ miles / months

Where did the problem occur? City \_\_\_\_\_ Intersection \_\_\_\_\_ Highway \_\_\_\_\_ Other \_\_\_\_\_

Was the vehicle able to drive after the problem occurred?  Yes  No

If Yes and there was a restriction to drive, please describe: \_\_\_\_\_

How was vehicle brought to the dealer?  Customer drove in vehicle  Vehicle towed into dealer

How far was customer from dealer when the problem occurred? \_\_\_\_\_ hours / miles

Did customer try to restart vehicle by cycling the IG key or push start switch?  Yes  No

If Yes, how many attempts? \_\_\_\_\_ Was system started or did READY ON light appear?  Yes  No

Did warning lights go off?  Yes  No If yes, warning lights went off:  immediately  a few times after IG cycling.

Driving Conditions	Road Conditions	Vehicle Condition		
Vehicle Speed _____ <input type="checkbox"/> Accel from Stop <input type="checkbox"/> Accel from Cruise _____ mph -> _____ mph <input type="checkbox"/> Cruise <input type="checkbox"/> Decelerating _____ mph -> _____ mph <input type="checkbox"/> While Braking <input type="checkbox"/> While Turning <input type="checkbox"/> While Parking <input type="checkbox"/> Other, describe: _____	<input type="checkbox"/> Flat <input type="checkbox"/> Ascent _____ ° <input type="checkbox"/> Descent _____ ° <input type="checkbox"/> Dry Paved <input type="checkbox"/> Wet Paved <input type="checkbox"/> Unpaved <input type="checkbox"/> Rough Paved <input type="checkbox"/> Snowy / Frozen <input type="checkbox"/> Curb <input type="checkbox"/> Other, describe: _____	Fuel Level: <input type="checkbox"/> Just Fueled <input type="checkbox"/> Between Full & 3/4 <input type="checkbox"/> Between 3/4 & 1/2 <input type="checkbox"/> Between 1/2 & 1/4 <input type="checkbox"/> Below 1/4  HV Battery Indication: <input type="checkbox"/> Full <input type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Below 1/4	<input type="checkbox"/> While READY ON <input type="checkbox"/> After READY ON <input type="checkbox"/> Engine Running  Shift Selector Lever in: <input type="checkbox"/> Park <input type="checkbox"/> Reverse <input type="checkbox"/> Neutral <input type="checkbox"/> Drive <input type="checkbox"/> "B" Range <input type="checkbox"/> Moving Lever from _____ to _____	Warning Lights Master <input type="checkbox"/> ON MIL <input type="checkbox"/> ON VSC <input type="checkbox"/> ON Charge <input type="checkbox"/> ON ABS <input type="checkbox"/> ON P/S <input type="checkbox"/> ON Battery <input type="checkbox"/> ON Hybrid <input type="checkbox"/> ON  Other warnings: _____

Did customer drive vehicle immediately before problem occurred?  Yes  No

If yes, How long was the drive before problem occurred? \_\_\_\_\_ hours / miles Average vehicle speed? \_\_\_\_\_ mph

If no, How long was vehicle stopped or parked? \_\_\_\_\_ hours / days What was outside temperature? \_\_\_\_\_ F

Where was car stopped or parked?  Garage  Mall  Traffic signal  other \_\_\_\_\_

Has the 12V battery been dead or replaced?  Yes, at Toyota Dealer  Yes, at non-Toyota Dealer  No

Noise Conditions	
<input type="checkbox"/> Thunk <input type="checkbox"/> Clunk <input type="checkbox"/> Clatter <input type="checkbox"/> Rattle <input type="checkbox"/> Whir <input type="checkbox"/> Buzz <input type="checkbox"/> Drone <input type="checkbox"/> Whine <input type="checkbox"/> Other _____	How often is the noise present? <input type="checkbox"/> Always <input type="checkbox"/> Intermittently <input type="checkbox"/> Other _____ Was there an event that triggered the noise? _____ Is the noise affected by drive time? <input type="checkbox"/> Noise increases <input type="checkbox"/> Noise decreases <input type="checkbox"/> No change Are there any additional description details? _____ _____ Is the noise frequency affected by vehicle speed? <input type="checkbox"/> Yes <input type="checkbox"/> No