



# Real-Time Warranty Pre-Call Checklist

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This form is provided to assure necessary information is available when calling RTW and is not required when filing a claim.

Date of call: \_\_\_\_\_

- Repair Order Number \_\_\_\_\_
- Dealer Code \_\_\_\_\_
- VIN \_\_\_\_\_
- Customer/Fleet Name: \_\_\_\_\_
- Component Model Number \_\_\_\_\_
- Component Serial Number \_\_\_\_\_
- Mileage \_\_\_\_\_
- Date in service \_\_\_\_\_
- Date of failure \_\_\_\_\_
- Vehicle Vocation/Application \_\_\_\_\_
- Engine peak torque (load related failures) \_\_\_\_\_ Ft Lbs.
- Synthetic oil in use? Yes \_\_\_\_\_ No \_\_\_\_\_

Check symptoms below that apply. Categories that require explanation use the area provided below to detail your findings.

- | What                              |   |                                  |                                  |                 |
|-----------------------------------|---|----------------------------------|----------------------------------|-----------------|
| Noise                             | Shift Quality                             | Leaks                            | Other                            | Fault Codes     |
| <input type="checkbox"/> Rattle   | <input type="checkbox"/> Won't Shift/Slow | <input type="checkbox"/> Oil     | <input type="checkbox"/> Explain | Active: _____   |
| <input type="checkbox"/> Whine    | <input type="checkbox"/> Grinds           | <input type="checkbox"/> Air     |                                  | Inactive: _____ |
| <input type="checkbox"/> Clunk    | <input type="checkbox"/> Jumps Out        | <input type="checkbox"/> Coolant |                                  |                 |
| <input type="checkbox"/> Grinding | <input type="checkbox"/> Hard Shifting    |                                  |                                  |                 |

- | When   |  |  |
|--|--|--|
| <input type="checkbox"/> Gear Position                     | <input type="checkbox"/> Air Shift           | <input type="checkbox"/> Running       |
| <input type="checkbox"/> Speed Related                     | <input type="checkbox"/> Lever Shift         | <input type="checkbox"/> Shifting      |
| <input type="checkbox"/> Range Related                     | <input type="checkbox"/> Stuck in Gear/Range | <input type="checkbox"/> Sitting       |
| <input type="checkbox"/> Low <input type="checkbox"/> High | <input type="checkbox"/> Other Explain       | <input type="checkbox"/> Other Explain |
| <input type="checkbox"/> Constant                          |  |  |

- | Where                                     |  |                                   |
|---|--|-----------------------------------|
| <input type="checkbox"/> Remove Pto Cover | <input type="checkbox"/> PSI Check _____   | <input type="checkbox"/> Gaskets  |
| <input type="checkbox"/> Debris Y N       | <input type="checkbox"/> Air Leak          | <input type="checkbox"/> Cooler   |
| <input type="checkbox"/> Shafts Move Y N  | <input type="checkbox"/> Oil in Air System | <input type="checkbox"/> Hose     |
| Explain Findings                          | <input type="checkbox"/> Lever Move Y N    | <input type="checkbox"/> Fittings |
|   | Explain Findings                           | <input type="checkbox"/> Other    |

### Why

Briefly explain results found above.

\_\_\_\_\_

### Approval Section

Parts to be replaced: \_\_\_\_\_

Labor to be performed: \_\_\_\_\_

### Check Obstructions Removed.

- Air Tanks     Crossmember     PTO     PTO Pump     Exhaust
- Broken Bolts     Fairing     Air Drier     Fuel/Water Separator

Claim Approval Number: \_\_\_\_\_ Eaton Service Specialist: \_\_\_\_\_

Parts Disposition:

- Scrap (RTWS)
- Return (RTWR)
- Special Instructions \_\_\_\_\_