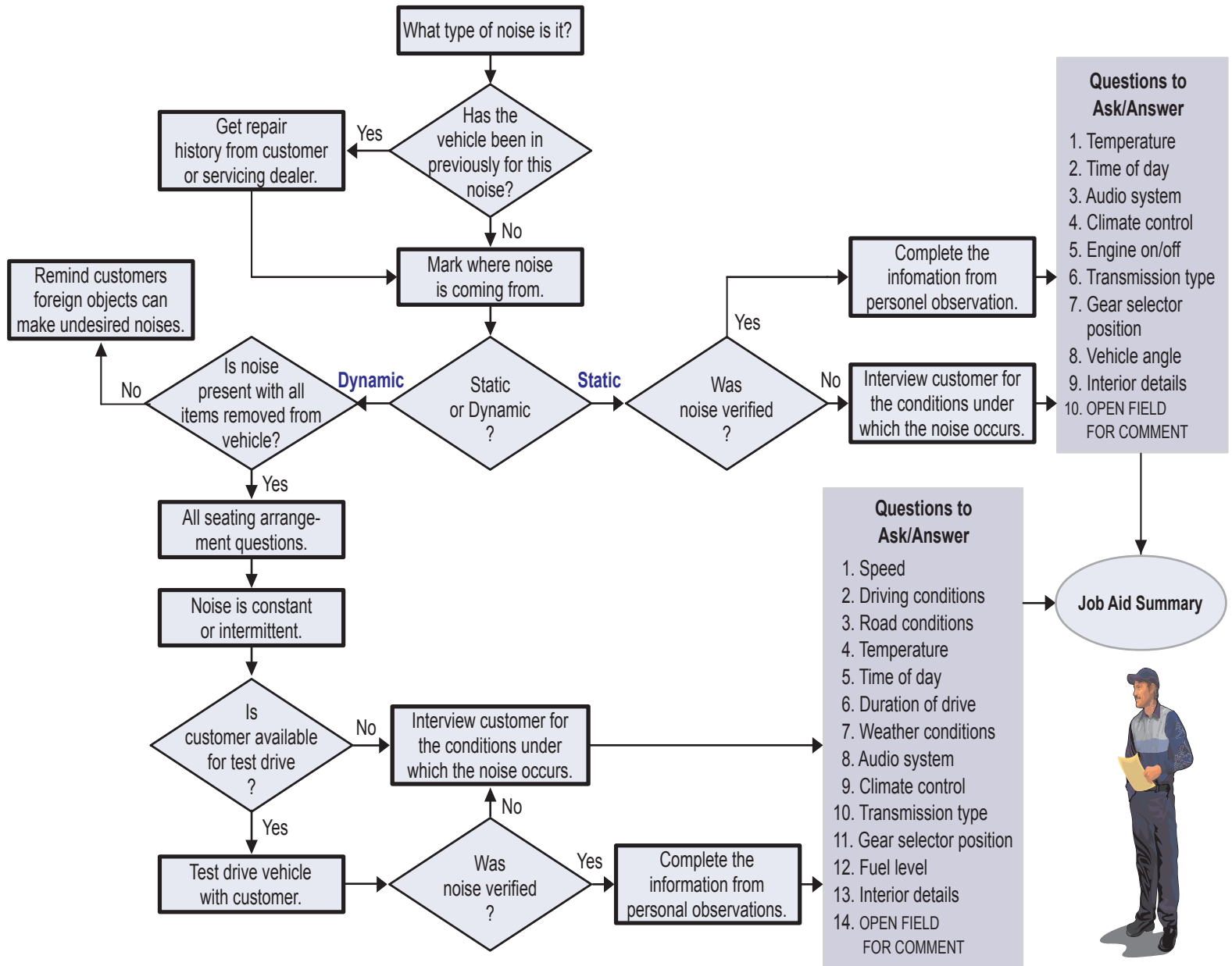
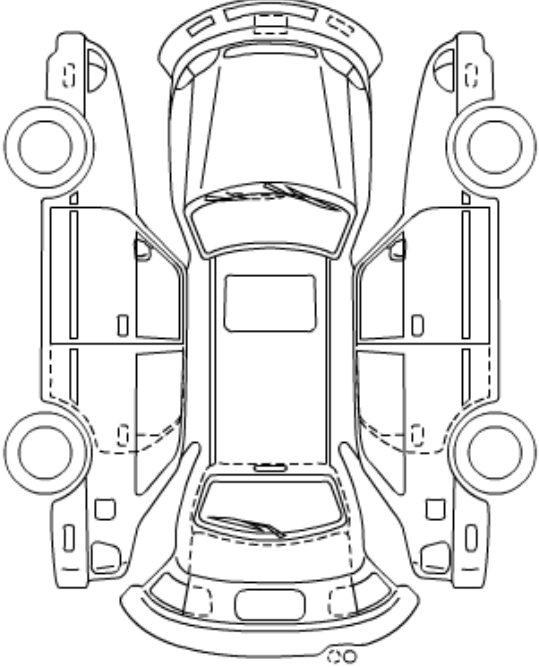
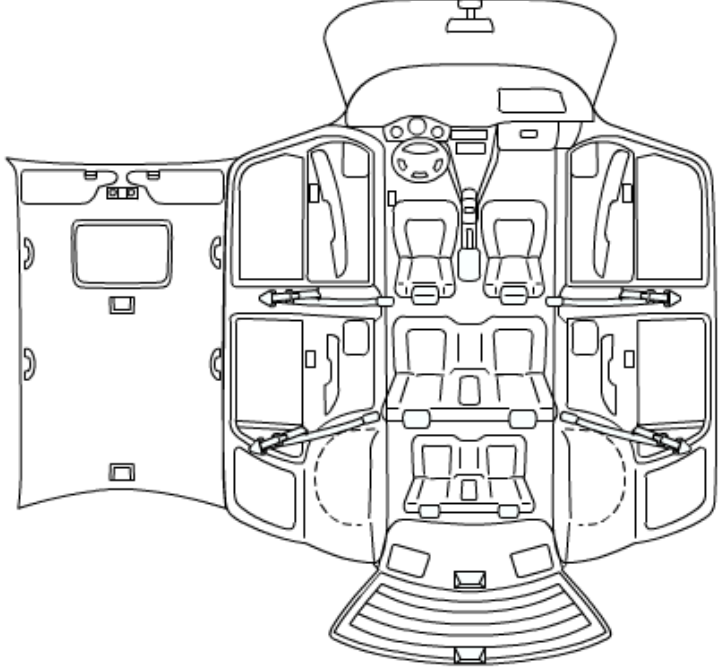


Noise Questionnaire Logic





Static Noise Questionnaire

*For noises that **DO NOT** require the vehicle to be driven.*

| | | | | | | | |
|---|---|--|--|--|--|---|--|
| 1 | What kind of noise is it? | <input type="checkbox"/> Banging <input type="checkbox"/> Bonging <input type="checkbox"/> Booming <input type="checkbox"/> Buzzing <input type="checkbox"/> Chafing <input type="checkbox"/> Chattering <input type="checkbox"/> Chirping <input type="checkbox"/> Clacking <input type="checkbox"/> Clanging | <input type="checkbox"/> Clanking <input type="checkbox"/> Clapping <input type="checkbox"/> Clashing <input type="checkbox"/> Clattering <input type="checkbox"/> Clicking <input type="checkbox"/> Clinking <input type="checkbox"/> Clunking <input type="checkbox"/> Cracking <input type="checkbox"/> Crackling | <input type="checkbox"/> Creaking <input type="checkbox"/> Croaking <input type="checkbox"/> Crunching <input type="checkbox"/> Droning <input type="checkbox"/> Drumming <input type="checkbox"/> Fluttering <input type="checkbox"/> Grating <input type="checkbox"/> Grinding <input type="checkbox"/> Groaning | <input type="checkbox"/> Growling <input type="checkbox"/> Gurgling <input type="checkbox"/> Hissing <input type="checkbox"/> Hooting <input type="checkbox"/> Howling <input type="checkbox"/> Humming <input type="checkbox"/> Jingling <input type="checkbox"/> Knocking <input type="checkbox"/> Moaning | <input type="checkbox"/> Oil Canning <input type="checkbox"/> Pattering <input type="checkbox"/> Pinging <input type="checkbox"/> Popping <input type="checkbox"/> Pounding <input type="checkbox"/> Rapping <input type="checkbox"/> Rattling <input type="checkbox"/> Roaring <input type="checkbox"/> Rumbling | <input type="checkbox"/> Scratching <input type="checkbox"/> Screeching <input type="checkbox"/> Slapping <input type="checkbox"/> Squeaking <input type="checkbox"/> Squealing <input type="checkbox"/> Tickling <input type="checkbox"/> Whining <input type="checkbox"/> Whistling <input type="checkbox"/> Zapping |
| 2 | Has the vehicle been in previously for the noise? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <i>If no... Continue to question 4. If yes... Continue with the next question.</i> | | | |
| 3 | Was the previous repair done at this dealership? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <i>If yes... Attach previous RO to new ticket. If no... Attach repair history from customer or previous servicing dealer.</i> | | | |
| 4 | Indicate where noise is coming from. | Mark the areas in the image. | | | | | |
| | |  | | | |  | |
| 5 | How long have you been hearing this noise? | _____ Days _____ Weeks _____ Months _____ Year | | | | | |
| 6 | Have the customer demonstrate the noise. | | | | | | |
| 7 | Was the customer able to demonstrate the noise? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <i>If yes... Complete questions from personal observations. If no... Complete from customer interview.</i> | | | |







Static Noise Questionnaire

*For noises that **DO NOT** require the vehicle to be driven.*

| | | |
|----|---|--|
| 8 | What is the approximate temperature at time of noise? | <p><i>Inside Vehicle</i></p> <input type="checkbox"/> Below 30° F <input type="checkbox"/> 70° - 79° F <input type="checkbox"/> 30° - 39° F <input type="checkbox"/> 80° - 89° F <input type="checkbox"/> 40° - 49° F <input type="checkbox"/> 90° - 99° F <input type="checkbox"/> 50° - 59° F <input type="checkbox"/> Above 100° F <input type="checkbox"/> 60° - 69° F <input type="checkbox"/> Any temperature |
| 9 | What is the approximate temperature at time of noise? | <p><i>Outside Vehicle</i></p> <input type="checkbox"/> Below 30° F <input type="checkbox"/> 70° - 79° F <input type="checkbox"/> 30° - 39° F <input type="checkbox"/> 80° - 89° F <input type="checkbox"/> 40° - 49° F <input type="checkbox"/> 90° - 99° F <input type="checkbox"/> 50° - 59° F <input type="checkbox"/> Above 100° F <input type="checkbox"/> 60° - 69° F <input type="checkbox"/> Any temperature |
| 10 | What time of day did you hear the noise? | <input type="checkbox"/> Early morning (5 am - 9 am) <input type="checkbox"/> Morning (9 am - noon) <input type="checkbox"/> Afternoon (noon - 4 pm) <input type="checkbox"/> Evening (4pm - 8 pm) <input type="checkbox"/> Night (8pm - 5 am) <input type="checkbox"/> Any time of day |
| 11 | Was the audio system on or off when you heard the noise? | <input type="checkbox"/> Off <input type="checkbox"/> On <i>If on...</i> _____  <input type="checkbox"/> Either <p>What is the volume level?</p> <input type="checkbox"/> 1-5 31-40 <input type="checkbox"/> 6-10 Maximum <input type="checkbox"/> 11-20 Any Volume <input type="checkbox"/> 21-30 <p>What type of music?</p> <input type="checkbox"/> Rock <input type="checkbox"/> Rap/R&B <input type="checkbox"/> Pop <input type="checkbox"/> Talk Radio <input type="checkbox"/> Classical <input type="checkbox"/> Any Type <input type="checkbox"/> Country <p>What is the audio source?</p> <input type="checkbox"/> CD / DVD Audio <input type="checkbox"/> FM <input type="checkbox"/> PC Card Slot <input type="checkbox"/> AM <input type="checkbox"/> Auxiliary Input <input type="checkbox"/> XM <input type="checkbox"/> DVD Entertainment System <input type="checkbox"/> Any Source |
| 12 | Which of the following were turned on when you heard the noise? | <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Heater <input type="checkbox"/> Both AC and Heater <input type="checkbox"/> Climate Control (Auto) _____  <input type="checkbox"/> None <p>Climate Control Setting</p> <input type="checkbox"/> LO <input type="checkbox"/> 63 <input type="checkbox"/> 69 <input type="checkbox"/> 75 <input type="checkbox"/> 81 <input type="checkbox"/> 87 <input type="checkbox"/> 58 <input type="checkbox"/> 64 <input type="checkbox"/> 70 <input type="checkbox"/> 76 <input type="checkbox"/> 82 <input type="checkbox"/> 88 <input type="checkbox"/> 59 <input type="checkbox"/> 65 <input type="checkbox"/> 71 <input type="checkbox"/> 77 <input type="checkbox"/> 83 <input type="checkbox"/> HI <input type="checkbox"/> 60 <input type="checkbox"/> 66 <input type="checkbox"/> 72 <input type="checkbox"/> 78 <input type="checkbox"/> 84 <input type="checkbox"/> 61 <input type="checkbox"/> 67 <input type="checkbox"/> 73 <input type="checkbox"/> 79 <input type="checkbox"/> 85 <input type="checkbox"/> 62 <input type="checkbox"/> 68 <input type="checkbox"/> 74 <input type="checkbox"/> 80 <input type="checkbox"/> 86 |
| 13 | Was the engine on or off when you heard the noise? | <input type="checkbox"/> Off <input type="checkbox"/> On <input type="checkbox"/> Either <p><i>If On... or Either... Continue to question 14. If Off... Continue with the question 16.</i></p> |

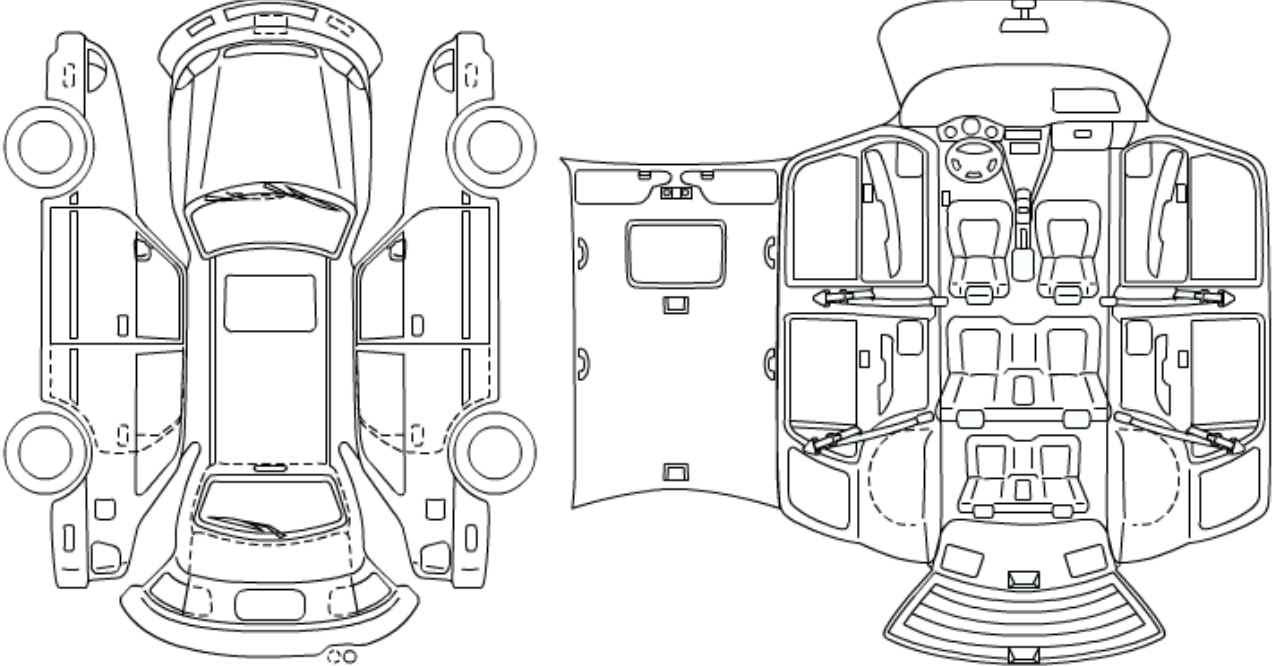
Static Noise Questionnaire

For noises that DO NOT require the vehicle to be driven.

| | | | | |
|----|--|--|---|--|
| 14 | What kind of transmission does your vehicle have? | <input type="checkbox"/> Automatic <input type="checkbox"/> Manual | | |
| 15 | What gear is the vehicle in when you hear the noise? | <i>Automatic</i> <input type="checkbox"/> Park <input type="checkbox"/> Reverse <input type="checkbox"/> Neutral <input type="checkbox"/> Drive <input type="checkbox"/> Automatic <input type="checkbox"/> Other (please specify) <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> | <i>Manual</i> <input type="checkbox"/> 1st <input type="checkbox"/> 6th <input type="checkbox"/> 2nd <input type="checkbox"/> Reverse <input type="checkbox"/> 3rd <input type="checkbox"/> Manual <input type="checkbox"/> 4th <input type="checkbox"/> Any Gear <input type="checkbox"/> 5th | |
| 16 | On what road angle was the vehicle when you heard the noise from the driver's perspective? | <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  <input type="checkbox"/> No Slope </div> <div style="text-align: center;">  <input type="checkbox"/> Incline </div> <div style="text-align: center;">  <input type="checkbox"/> Decline </div> </div> <div style="display: flex; justify-content: space-around; align-items: flex-start; margin-top: 20px;"> <div style="text-align: center;">  <input type="checkbox"/> No Tilt </div> <div style="text-align: center;">  <input type="checkbox"/> Tilt Right </div> <div style="text-align: center;">  <input type="checkbox"/> Tilt Left </div> </div> | | |
| 17 | Indicate the position of the following components when the noise is heard. | Glove Box <input type="checkbox"/> Glove Box Open <input type="checkbox"/> Glove Box Closed Doors <input type="checkbox"/> Doors Open <input type="checkbox"/> Doors Closed | Trunk/Tailgate <input type="checkbox"/> Trunk/Tailgate Open <input type="checkbox"/> Trunk/Tailgate Closed Windows <input type="checkbox"/> Windows Open <input type="checkbox"/> Windows Closed <input type="checkbox"/> Windows Partially Open | Moonroof (if equipped) <input type="checkbox"/> Moonroof Open <input type="checkbox"/> Moonroof Closed <input type="checkbox"/> Moonroof Tilt None <input type="checkbox"/> Everything Closed |
| 18 | Please provide any additional information about the noise. | | | |
| 19 | Do any actions/conditions quiet or cancel the noise? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

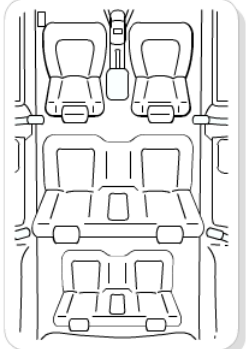
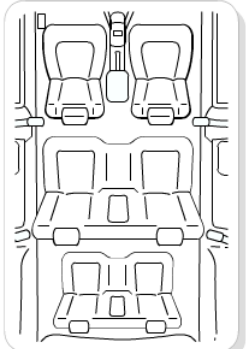
Dynamic Noise Questionnaire

*For noises that **REQUIRE** the vehicle to be driven.*

| | | |
|---|---|--|
| 1 | What kind of noise is it? | <input type="checkbox"/> Banging <input type="checkbox"/> Clanking <input type="checkbox"/> Creaking <input type="checkbox"/> Growling <input type="checkbox"/> Oil Canning <input type="checkbox"/> Scratching <input type="checkbox"/> Bonging <input type="checkbox"/> Clapping <input type="checkbox"/> Croaking <input type="checkbox"/> Gurgling <input type="checkbox"/> Pattering <input type="checkbox"/> Screeching <input type="checkbox"/> Booming <input type="checkbox"/> Clashing <input type="checkbox"/> Crunching <input type="checkbox"/> Hissing <input type="checkbox"/> Pinging <input type="checkbox"/> Slapping <input type="checkbox"/> Buzzing <input type="checkbox"/> Clattering <input type="checkbox"/> Droning <input type="checkbox"/> Hooting <input type="checkbox"/> Popping <input type="checkbox"/> Squeaking <input type="checkbox"/> Chafing <input type="checkbox"/> Clicking <input type="checkbox"/> Drumming <input type="checkbox"/> Howling <input type="checkbox"/> Pounding <input type="checkbox"/> Squealing <input type="checkbox"/> Chattering <input type="checkbox"/> Clinking <input type="checkbox"/> Fluttering <input type="checkbox"/> Humming <input type="checkbox"/> Rapping <input type="checkbox"/> Tickling <input type="checkbox"/> Chirping <input type="checkbox"/> Clunking <input type="checkbox"/> Grating <input type="checkbox"/> Jingling <input type="checkbox"/> Rattling <input type="checkbox"/> Whining <input type="checkbox"/> Clacking <input type="checkbox"/> Cracking <input type="checkbox"/> Grinding <input type="checkbox"/> Knocking <input type="checkbox"/> Roaring <input type="checkbox"/> Whistling <input type="checkbox"/> Clanging <input type="checkbox"/> Crackling <input type="checkbox"/> Groaning <input type="checkbox"/> Moaning <input type="checkbox"/> Rumbling <input type="checkbox"/> Zapping |
| 2 | Has the vehicle been in previously for the noise? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no... Continue to question 4.</i> <i>If yes... Continue with the next question.</i> |
| 3 | Was the previous repair done at this dealership? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes... Attach previous RO to new ticket.</i> <i>If no... Attach repair history from customer or previous servicing dealer.</i> |
| 4 | Indicate where noise is coming from. | <p>(Mark the areas in the image.)</p>  |
| 5 | How long have you been hearing this noise? | <input type="checkbox"/> Day <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Years |
| 6 | Are there any items in the following areas? | <input type="checkbox"/> Trunk <input type="checkbox"/> Coin Trays <input type="checkbox"/> Cargo Area <input type="checkbox"/> Center Console <input type="checkbox"/> Map Pockets <input type="checkbox"/> None <input type="checkbox"/> Glove Box |
| 7 | If you remove those items does the noise go away? | <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes... Please remind the customer that foreign objects can make undesired noises.</i> <i>If no... Continue to question 8.</i> |


Dynamic Noise Questionnaire

For noises that REQUIRE the vehicle to be driven.

| | | | |
|----|--|--|---|
| 8 | Which person heard the noise? | <p>Select the seats in the image.</p>  | |
| 9 | Which seats were occupied when you heard the noise? | <p>Select the seats in the image.</p>  | |
| 10 | When is the noise heard? | <input type="checkbox"/> All of the time <input type="checkbox"/> Some of the time | |
| 11 | Is the customer available for a test drive? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <i>If yes... Test drive vehicle with customer. If no... Continue to question 13.</i> |
| 12 | Was the customer able to demonstrate the noise? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <i>If yes... Complete questions from personal observations. If no... Complete from customer interview.</i> |
| 13 | At what speed do you hear the noise? | <input type="checkbox"/> Less than 25 MPH <input type="checkbox"/> 26 - 55 MPH <input type="checkbox"/> Over 55 MPH <input type="checkbox"/> Any Speed | |
| 14 | Under which driving conditions do you hear the noise? | <p>Acceleration</p> <input type="checkbox"/> Cruising Steadily <input type="checkbox"/> Light Acceleration <input type="checkbox"/> Heavy Acceleration <p>Slowing/Stopping</p> <input type="checkbox"/> Light Braking <input type="checkbox"/> Heavy Braking <input type="checkbox"/> Light Deceleration (No Brakes Applied) <input type="checkbox"/> Downshifting | <p>Turning</p> <input type="checkbox"/> Entering/Exiting Driveways <input type="checkbox"/> Left Turns <input type="checkbox"/> Right Turns <p>None</p> <input type="checkbox"/> No Special Conditions |
| 15 | On which road surfaces do you hear the noise? (Select all that apply.) | <input type="checkbox"/> Large bumps (speed bumps driveway curbs) <input type="checkbox"/> Small bump (imperfections) <input type="checkbox"/> Smooth roads <input type="checkbox"/> Rough roads | |

Dynamic Noise Questionnaire

*For noises that **REQUIRE** the vehicle to be driven.*

| | | | |
|----|--|--|--|
| 16 | What is the approximate temperature at time of noise? | <p><i>Inside Vehicle</i></p> <input type="checkbox"/> Below 30° F <input type="checkbox"/> 70° - 79° F <input type="checkbox"/> 30° - 39° F <input type="checkbox"/> 80° - 89° F <input type="checkbox"/> 40° - 49° F <input type="checkbox"/> 90° - 99° F <input type="checkbox"/> 50° - 59° F <input type="checkbox"/> Above 100° F <input type="checkbox"/> 60° - 69° F <input type="checkbox"/> Any temperature | |
| 17 | What is the approximate temperature at time of noise? | <p><i>Outside Vehicle</i></p> <input type="checkbox"/> Below 30° F <input type="checkbox"/> 70° - 79° F <input type="checkbox"/> 30° - 39° F <input type="checkbox"/> 80° - 89° F <input type="checkbox"/> 40° - 49° F <input type="checkbox"/> 90° - 99° F <input type="checkbox"/> 50° - 59° F <input type="checkbox"/> Above 100° F <input type="checkbox"/> 60° - 69° F <input type="checkbox"/> Any temperature | |
| 18 | What time of day did you hear the noise? | <input type="checkbox"/> Early morning (5 am - 9 am) <input type="checkbox"/> Morning (9 am - noon) <input type="checkbox"/> Afternoon (noon - 4 pm) <input type="checkbox"/> Evening (4pm - 8 pm) <input type="checkbox"/> Night (8pm - 5 am) <input type="checkbox"/> Any time of day | |
| 19 | How long do you drive the vehicle before hear the noise? | <input type="checkbox"/> Fewer than 10 minutes <input type="checkbox"/> Between 10 and 30 minutes <input type="checkbox"/> More than 30 minutes | |
| 20 | Once present, does the noise ever go away | <input type="checkbox"/> No <input type="checkbox"/> Yes | <p><i>If no... Continue to question 22.</i> <i>If yes... Continue with the next question.</i></p> |
| 21 | How long is the noise present before it goes away? | <input type="checkbox"/> Fewer than 10 minutes <input type="checkbox"/> Between 10 and 30 minutes <input type="checkbox"/> More than 30 minutes | |
| 22 | Under which of the following weather conditions do you hear the noise? | <input type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Snow <input type="checkbox"/> Ice <input type="checkbox"/> Any | |
| 23 | Was the audio system on or off when you heard the noise? | <input type="checkbox"/> Off <input type="checkbox"/> On <i>If on... </i> <input type="checkbox"/> Either | <p>What is the volume level?</p> <input type="checkbox"/> 1-5 31-40 <input type="checkbox"/> 6-10 Maximum <input type="checkbox"/> 11-20 Any Volume <input type="checkbox"/> 21-30 <p>What type of music?</p> <input type="checkbox"/> Rock <input type="checkbox"/> Rap/R&B <input type="checkbox"/> Pop <input type="checkbox"/> Talk Radio <input type="checkbox"/> Classical <input type="checkbox"/> Any Type <input type="checkbox"/> Country <p>What is the audio source?</p> <input type="checkbox"/> CD / DVD Audio <input type="checkbox"/> FM <input type="checkbox"/> PC Card Slot <input type="checkbox"/> AM <input type="checkbox"/> Auxiliary Input <input type="checkbox"/> XM <input type="checkbox"/> DVD Entertainment System <input type="checkbox"/> Any Source |

Dynamic Noise Questionnaire

*For noises that **REQUIRE** the vehicle to be driven.*

| | | | | |
|----|--|---|--|---|
| 24 | Which of the following were turned on when you heard the noise? | <input type="checkbox"/> Air Conditioner <input type="checkbox"/> Heater <input type="checkbox"/> Both AC and Heater <input type="checkbox"/> Climate Control (Auto) <input type="checkbox"/> None | Climate Control Setting <input type="checkbox"/> LO <input type="checkbox"/> 63 <input type="checkbox"/> 69 <input type="checkbox"/> 75 <input type="checkbox"/> 81 <input type="checkbox"/> 87 <input type="checkbox"/> 58 <input type="checkbox"/> 64 <input type="checkbox"/> 70 <input type="checkbox"/> 76 <input type="checkbox"/> 82 <input type="checkbox"/> 88 <input type="checkbox"/> 59 <input type="checkbox"/> 65 <input type="checkbox"/> 71 <input type="checkbox"/> 77 <input type="checkbox"/> 83 <input type="checkbox"/> HI <input type="checkbox"/> 60 <input type="checkbox"/> 66 <input type="checkbox"/> 72 <input type="checkbox"/> 78 <input type="checkbox"/> 84 <input type="checkbox"/> 61 <input type="checkbox"/> 67 <input type="checkbox"/> 73 <input type="checkbox"/> 79 <input type="checkbox"/> 85 <input type="checkbox"/> 62 <input type="checkbox"/> 68 <input type="checkbox"/> 74 <input type="checkbox"/> 80 <input type="checkbox"/> 86 | |
| 25 | What kind of transmission does your vehicle have? | <input type="checkbox"/> Automatic <input type="checkbox"/> Manual | | |
| 26 | What gear is the vehicle in when you hear the noise? | Automatic <input type="checkbox"/> Park <input type="checkbox"/> Reverse <input type="checkbox"/> Neutral <input type="checkbox"/> Drive <input type="checkbox"/> Automatic <input type="checkbox"/> Other (please specify) <hr/> <hr/> | Manual <input type="checkbox"/> 1st <input type="checkbox"/> 6th <input type="checkbox"/> 2nd <input type="checkbox"/> Reverse <input type="checkbox"/> 3rd <input type="checkbox"/> Manual <input type="checkbox"/> 4th <input type="checkbox"/> Any Gear <input type="checkbox"/> 5th | |
| 27 | What was the approximate fuel level when you heard the noise? | <input type="checkbox"/> Full <input type="checkbox"/> 3/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 1/4 <input type="checkbox"/> Empty <input type="checkbox"/> Any Fuel Level | | |
| 28 | Indicate the position of the following components when the noise is heard. | Windows <input type="checkbox"/> Windows Open <input type="checkbox"/> Windows Closed <input type="checkbox"/> Windows Partially Open | Moonroof (if equipped) <input type="checkbox"/> Moonroof Open <input type="checkbox"/> Moonroof Closed <input type="checkbox"/> Moonroof Tilt | None <input type="checkbox"/> Everything Closed |
| 29 | Please provide any additional information about the noise. | | | |
| 30 | Do any actions/conditions quiet or cancel the noise? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Helpful Noise Descriptions

("The noise sounds like...")

| | | | |
|-------------------|--|--------------------|---|
| Banging | <i>Slamming a wooden screen door</i> | Growling | <i>Dog protecting his food</i> |
| Bonging | <i>Hitting a large gong</i> | Gurgling | <i>Water down a bathtub drain</i> |
| Booming | <i>Rumble of distant thunder</i> | Hissing | <i>Leaking tire</i> |
| Buzzing | <i>Electric razor</i> | Hooting | <i>Owl call</i> |
| Chafing | <i>Rubbing dry hands together</i> | Howling | <i>Wind blowing through a leaky door</i> |
| Chattering | <i>Windshield wipers across a dry windshield</i> | Humming | <i>High-voltage transformer</i> |
| Chirping | <i>Bird or cricket call</i> | Jingling | <i>Keys hitting each other</i> |
| Clacking | <i>Railroad car wheels rolling on a track</i> | Knocking | <i>Knuckles rapping on a wooden door</i> |
| Clanging | <i>Dinner bel or cow bell</i> | Moaning | <i>Blowing across the top of an empty bottle</i> |
| Clanking | <i>Wrench dropped on concrete</i> | Oil canning | <i>Flexing a metal gas can or bending a saw blade</i> |
| Clapping | <i>Hands clapping</i> | Pattering | <i>Rain drops hitting a window pane</i> |
| Clashing | <i>Cymbals hitting together</i> | Pinging | <i>Pebbles rolling around in a tin can</i> |
| Clattering | <i>Faling bowling pins</i> | Popping | <i>A cork coming out of a champagne bottle</i> |
| Clicking | <i>Extending and retracting a balpoint pen</i> | Pounding | <i>Hitting your fist on a desktop</i> |
| Clinking | <i>Empty bottles hitting each other</i> | Rapping | <i>Judge using a gavel</i> |
| Clunking | <i>Slamming a heavy wooden door</i> | Rattling | <i>A baby rattle</i> |
| Cracking | <i>Ice cubes breaking when dropped in water</i> | Roaring | <i>Speeding 4x4 truck with off-road tires</i> |
| Crackling | <i>Wood burning in a fireplace</i> | Rumbling | <i>Bowling ball rolling down an aley</i> |
| Creaking | <i>Opening a door with rusty hinges</i> | Scratching | <i>Rubbing two pieces of paper together</i> |
| Croaking | <i>Frog cal</i> | Screeching | <i>Fingernails going across a chalkboard</i> |
| Crunching | <i>Walking on dry snow</i> | Slapping | <i>Dribbling a basketbal on a hardwood floor</i> |
| Droning | <i>Distant propeller-driven airplane</i> | Squeaking | <i>Wet shoes on a hardwood floor</i> |
| Drumming | <i>Nervous fingers tapping on a desk</i> | Squealing | <i>Skidding tires or a loose fan belt</i> |
| Fluttering | <i>Flag flapping in the wind</i> | Ticking | <i>Tapping a pencil point on a desk</i> |
| Grating | <i>Shovel raking over pavement</i> | Whining | <i>Distant siren</i> |
| Grinding | <i>Sharpening a tool on a grinding wheel</i> | Whistling | <i>Steam coming out of a tea kettle</i> |
| Groaning | <i>Twisting wooden beam on a ship</i> | Zapping | <i>An electrical shock</i> |