

Technical Bulletin



Model(s)	Year	Eng. Code	Trans. Type	VIN Range From	VIN Range To
All	1998 > 2007	All	All with 5 or 6 - Speed Automatic	All	All

Condition

Automatic Transmission, Repairing

5 or 6 speed automatic transmission requires repair or replacement.

37 07 03 Jan. 16, 2007, 2010469, Supersedes Technical Bulletin Group 37 number 05-01 dated September 20, 2005 due to inclusion into ElsaWeb, updated Meta data, and Warranty statement.

Technical Background

Not Applicable.

Production Solution

No production change required.

Service

Whenever repairing or replacing a 5 or 6 speed automatic transmission:

- Make a copy of the attached "5 and 6-Speed Automatic Transmission Concern Report".
- Prior to performing any repairs, fill the report out as completely as possible following the instruction below.
- Attach a copy of this report to the repair order and keep in the permanent vehicle file.
- Enclose a copy of this report along with any transmission parts requested by the Warranty Test Center, and/or when returning for CORE credit or any DOC request from your Warranty Claims Specialist.

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Form Instruction

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

- Fill out all fields indicated with an asterisk.

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).

Warranty

Information only.

Required Parts and Tools

No Special Tools required.

No Special Parts required. Always see ETKA for the latest part(s) information.



5 and 6-Speed Automatic Transmission Concern Report

An asterisk indicates required fields. Complete remaining fields associated with this concern only.

* Dealer Name:		* Dealer Number:		* Date:	* Trans. Code:
* Technician's Name:		* RO#:	* Dlr. Phone #:		* Trans. Serial #:
* Vehicle Model:	* Trans. Type		* Dlr. Fax #:		* Master Parts List (if applicable):
* Vehicle Mileage:	* TCM Part#:		* TCM Data Level:		* TCM Coding:
* Delivery Date:	* ECM Part#:		* ECM Data Level:		* ECM Coding:
* VIN:			* Engine Code:		<input type="checkbox"/> Vehicle Towed to Shop <input type="checkbox"/> Vehicle Driven to Shop

Customer Concern: _____

Technician Verification: _____

Fluids	ATF	Front Differential	Center Differential	Rear Differential
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	<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 reverse	<input type="checkbox"/> OK <input type="checkbox"/> Detail on reverse	<input type="checkbox"/> OK <input type="checkbox"/> Detail on reverse	<input type="checkbox"/> OK <input type="checkbox"/> Detail on reverse
Leaks	<input type="checkbox"/> None <input type="checkbox"/> Detail on reverse	<input type="checkbox"/> None <input type="checkbox"/> Detail on reverse	<input type="checkbox"/> None <input type="checkbox"/> Detail on reverse	<input type="checkbox"/> None <input type="checkbox"/> Detail on reverse
ATF Temp	°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 ↑.

* DTCs (Attach VAS 5051/5052 print-out)	
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 At Time of Concern	
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										
6										
Tiptronic - 1										
2										
3										
4										
5										
6										
Selector positions - P										
(Circle applicable position) (4) R										
(3) N										
(2) D										
(1) S										



5 and 6-Speed Automatic Transmission Concern Report

Complete only the fields 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 (circle) Front Center Rear

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 D-S

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 rear differential

Output flange left right rear

Drain plug transmission front axle drive

center differential rear differential

Weep hole (if applicable)

front center rear

Oil cooler pipe (if applicable)

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.

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