

Form Approved: O.M.B. No. 2127-0008
Expiration Date: XX/XX/XXXX



U.S. Department of Transportation
National Highway Traffic Safety Administration

Vehicle Owner's Questionnaire TO REPORT VEHICLE SAFETY DEFECTS

Call: 888-327-4236
Visit: www.safercar.gov
Fax this form: 202-366-7882 or 202-366-3171
Mail this form: see page 2 for instructions

FOR AGENCY USE ONLY

Date Received: _____ Repository: ☐

Reference No.: _____

OWNER INFORMATION (Type or Print)

Name: [REDACTED]
Street: [REDACTED] Apt. No.: [REDACTED]
City: Centennial State: CO [REDACTED]
Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☒ YES ☐ NO
In the absence of a recall performance report, only during a defect investigation or when you make a complaint about
Signature of Owner: [REDACTED] Date: 11-8-2024 Feedback on PDF editing

Daytime Telephone Number: [REDACTED]

Evening Telephone Number: [REDACTED]

E-mail: [REDACTED]

17 digit Vehicle Identification Number located at bottom of windshield on driver's side

56YTT2220ML [REDACTED]
Make: Lance Model: 2375 Year: 2021 Current Mileage: NA
Date Purchased: 8/26/2021
Engine: [REDACTED] Fuel Type: ☐ Diesel ☐ Hybrid ☐ Gas ☐ Other
No. Cylinders: NA
Transmission Type: ☐ Manual ☒ Automatic
Antilock Brakes: ☐ Cruise Control: NA
Powertrain: ☐ All-Wheel Drive ☐ Rear-Wheel Drive ☒ Front-Wheel Drive NA ☐ Four-Wheel Drive

FAILED COMPONENT(S)/PART(S) INFORMATION

Component Name: _____ Incident Date(s): _____ Failure Mileage: _____ Failure Speed: _____ Failure Location: ☐ Driver ☐ Passenger ☐ Front ☐ Rear

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make/Brand: _____ Tire Model/Line: _____ Tire Name: _____ Tire Size (Example: P215/65R1105): _____
Failed Structure: ☐ Tread ☐ Sidewall ☐ Bead DOT No. (Example: DOT MAL9ABC036 on sidewall) ☐ Original Equipment ☐ Prior Repair
Failure Type: ☐ Blowout ☐ Blister ☐ Crack ☐ Torn ☐ Tread Separation ☐ Road Hazard ☐ Out of Round

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make: _____ Date Manufactured: _____ Model Number: [REDACTED] Feedback on PDF editing
Seat Type: ☐ Infant ☐ Booster ☐ Integrated ☐ Convertible ☐ Other
Failed Part: Describe Failure Below: ☐ Base ☐ Harness/Buckle ☐ LATCH Connector ☐ Shell ☐ Handle ☐ Other
Installed in Vehicle using the: ☐ Vehicle safety belt ☐ LATCH System*
*Vehicle info required

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), failure(s), crash(es), and injury(ies).)

Crash: ☐ Yes ☐ No Fire: ☐ Yes ☐ No Number of Persons Injured: _____ Number of Deaths: _____ Police Report No.: _____

Narrative Description of Incident(s), Failure(s), Crash(es), and Injury(ies).

SEE NARRATIVE Attached

Paperwork Reduction Act Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2127-0008. Public reporting burden for this collection of information is estimated to be approximately 15 minutes per response, including the time for reviewing instructions, completing, and reviewing the collection of information. All responses to this collection of information are voluntary. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: Information Collection Clearance Officer, National Highway Traffic Safety Administration, 1200 New Jersey Avenue SE., Washington, DC 20590.

The Privacy Act of 1974 - Public Law 93-579 This information is requested pursuant to 49 U.S.C. Chapter 301. You are under no obligation to respond to this questionnaire. Your response may be used to assist NHTSA in determining whether a manufacturer should take appropriate action to correct a safety defect. If NHTSA proceeds with administrative enforcement or litigation against a manufacturer, your response, or a statistical summary thereof, may be used in support of the agency's action.

JM

Re: Lance Travel Trailer 2375

VIN: 56YTT2329ML [REDACTED]

On September 22, 2024, I was trailering on Interstate 70 from Denver to Glenwood Springs, Colorado towing my travel trailer. At some point during that trip the microwave fell out of its compartment in the trailer. The microwave pigtail wiring pulled and split but remained attached. The microwave dangled and swung and hit the stove (I assume repeatedly). The repeated swinging must have hit and turned on the knob to the gas stove and hit the starter. When I stopped to gas up, I discovered the stove burner was on, and the flame had damaged part of the stove top. The circumstances could have resulted in a large and potentially deadly explosion.

Upon inspecting the damage, I noticed that the microwave was only held in place by the plastic molding around the outside. The plastic screw grommets on the molding had broken allowing the microwave to fall.

The microwave has an attached metal base with pre-drilled holes. These pre-drilled holes are obviously there to secure the microwave to something. There is no framing to screw the base; therefore, the base was not secured using the pre-drilled holes. This is a flaw in design and other units like mine need to be retro fitted to provide secure and proper installation.

I have advised Lance Camper Manufacturing Corporation's Vice President and General Manager of this defect on Oct. 7, 2024. I have not heard back from Lance Camper Manufacturing Corporation, and I doubt Lance Camper Manufacturing Corporation plans on making any effort to notify customers of the potential problem.

Centermail, CC

DENVER CO 802

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U.S. Department of Transportation
National Highway Traffic Safety Administration
Office of Defects Investigation, NVS-210
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Washington, DC 20590

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