INFORMATION FROM THE INVESTIGATING OFFICERS REPORT OF MOTOR VEHICLE ACCIDENT

Form Number:	**25-004453**	Scene Investigated:	**YES**	At Intersection with:	
Date of Acc:	**08/10/25**	Report to All Drivers:		Div HWay Trvl Dir:	
Time of Acc:	**22:22** Hrs.	Legal Intervention:	**NO**	Distance 1:	
Name of Agency:	**O'BRIEN COUNTY SHERIFF'S OFF**	Private Property:	**YES**	Direction 1:	
		County:	**O'BRIEN - 71**	Distance 2:	
		Acc Loc City:		Direction 2:	
Officer:	**DEPUTY BRAD STEVENS**	Acc Dir From City:		X-Coordinate:	**00288455**
		Closest City:		Y-Coordinate:	**04787949**
Badge #:	**71-10**	Miles From City:		Location Literal Description:	**300TH ST**
Report Date:	**08/11/2025**	Road,Street,HWay:			
Officer Notified:	**22:22** Hrs.	Definable Location:			
Officer Arrived:	**22:31** Hrs.	Milepost Number:			

Unit 001

Driver Name - Last:	**HUBERG**	Bus Use:		Transported to:	
First:	**ETHAN**				
Middle:	**CHARLES**	Drvr Distractions:	**02 - NOT DISTRACTED**	Transported by:	
City:	**ROYAL**				
State:	**IA**	Traffic Controls:	**01 - NO CONTROLS PRESENT**	Special Veh Func:	**01 - NO SPECIAL FUNCTION**
Zip:	**51357**				
Suffix:		Point of Init Impact:	**12 - FRONT MIDDLE**	Emergency Status:	**01 - NOT APPLICABLE**
Gender:	**Male**				
Age:	**19**	Most Damaged Area:	**12 - FRONT MIDDLE**	Cont. Circum., Drvr:	**06 - LOST CONTROL, 98 - OTHER (EXPLAIN IN NARRATIVE)**
CDL:	**YES**				
License State:	**IA**	Undrrid/Ovrid:	**1 - NONE**		
License Class:	**A**	Rpr/Rplc Cost:	**$49,000.00**		
License Endorsmnt:	**N - TANK**	Ext of Damage:	**5 - SEVERE, VEHICLE TOTALED**		
License Restrictions:	**KB**	First Event:	**94 - OTHER PRE-CRASH (EXPLAIN IN NARRATIVE)**		
Speed Limit:	**00**			Carrier Name:	
Seating Position:	**01 - 1ST ROW: LEFT SIDE/MOTORCYCLE DRIVER**	Second Event:	**46 - COLLISION WITH GROUND**	Carrier Address:	
				Carrier City:	
Driver Condition:	**06 - UNDER THE INFLUENCE O**			Carrier State:	
Alcohol Test Given:	**YES**	Third Event:		Carrier Zip:	
Drug Test Given:	**1 - NONE**			Cargo Body Type:	**01 - NOT APPLICABLE**
Total Occupants:	**2**	Fourth Event:			
Vehicle Year:	**2020**			Number of Axles:	
Vehicle Make:	**FORD - FORD**			HazMat Involvement:	
Vehicle Model:	**F350**	Most Harmful Event:	**46 - COLLISION WITH GROUND**	HazMat Placard:	
Vehicle Style:	**PK**			Placard #:	
Vehicle Color:	**BLUE - BLU**			HazMat Released?:	
Vehicle Config:	**02 - FOUR-TIRE TRUCK (PICK-UP)**	Abg Switch Stat:		Converter Dolly:	
		Abg Deploy:	**06 - DEPLOYED BOTH FRONT/SIDE**	GVWR:	
Vehicle Defect:	**01 - NONE**			Cit Chrg Code 1:	**321.288**
		Trapped:	**1 - NOT TRAPPED/APPLICABLE**	Citation Charge 1:	**FAILURE TO MAINTAIN CONTROL**
Vehicle Action:	**01 - MOVEMENT ESSENTIALLY STRAIGHT**	Ejection:	**2 - NOT EJECTED**		
		Ejection Path:	**01 - NOT EJECTED/NOT APPLICABLE**	Cit Chrg Code 2:	**123.47**
Tow:	**3 - DISABLED - OFFICER ARRANGED**			Citation Charge 2:	**POSSESSION ALCOHOL UNDER LEGAL AGE**
		Occpnt Protect:	**03 - SHOULDER AND LAP BELT USED**		**321J.2**
Tow #:	**25000074**			Citation Charge 3:	**OPERATING WHILE INTOXICATED**
Initial Trvl Dir:	**02 - EAST**		**3 - SUSPECTED MINOR/NON-INCAPACITATING**		
Vision Obscured:	**01 - NOT OBSCURED**				**321.261**
		Source of Trans:	**01 - NOT TRANSPORTED**		
		Died at Scene:	**01 - NOT APPLICABLE**	Citation Charge 4:	**LEAVING THE SCENE OF PI ACCIDENT**

Property Damage 001

Object Damaged:	**LANDSCAPING**	Company Owner Name:	**VAN ESS DAIRY**
Estimate of Damage:	**$3,000.00**	City:	**SANBORN**
Owner's Name - Last:		State:	**IA**
First:		Zip Code:	**51248**
Middle:			
Suffix:			

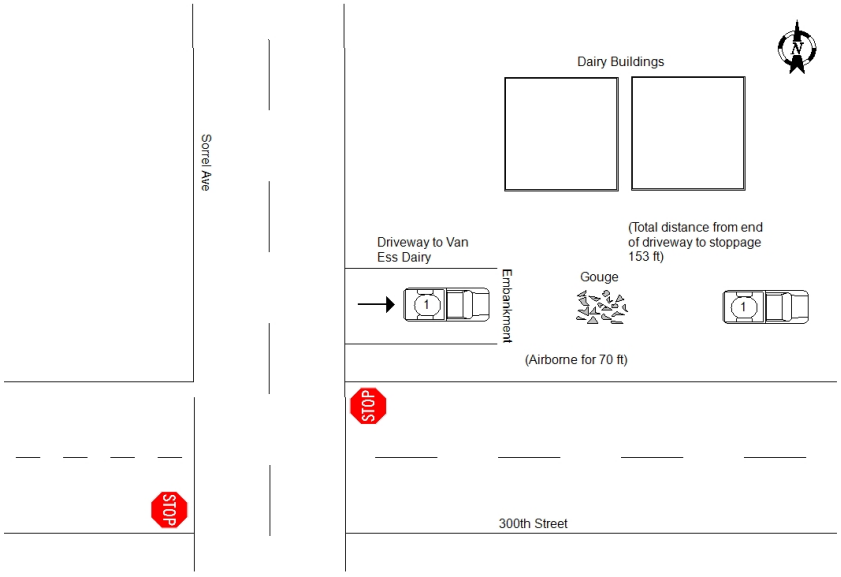
Accident Environment

First Harmful Event Loc:	**07 - IN PARKING LANE/ZONE**	**Roadway Characteristics**	
Manner of Crash/Collision:	**01 - NON-COLLISION (SINGLE VEHICLE)**	Environment:	**01 - NONE APPARENT**
Light Conditions:	**6 - DARK, UNKNOWN ROADWAY LIGHTING**	Roadway:	**01 - NONE APPARENT**
Weather Conditions:	**02 - CLOUDY**		
		Type of Road Junc/Feat:	**04 - DRIVEWAY ACCESS (WITHIN)**
Surface Conditions:	**01 - DRY**		
		FRA No.:	
		Horizontal Alignment:	
Workzone Related:	**NO**	Vertical Alignment:	
Activity:			
Location:			
Type:		First Harmful Evt of Crash:	**46 - COLLISION WITH GROUND**
Workers Present:			

Injured Person 001

Name - Last:	**LARSON**	Airbag Deployment:	**06 - DEPLOYED BOTH FRONT/SIDE**
First:	**BRENDEN**		
Middle:	**THOMAS**	Airbag Switch Status:	
Suffix:		Trapped:	**1 - NOT TRAPPED/APPLICABLE**
City:	**HARTLEY**	Injury Status:	**9 - UNKNOWN**
State:	**IA**	Ejection:	**2 - NOT EJECTED**
Zip Code:	**51246**	Ejection Path:	**01 - NOT EJECTED/NOT APPLICABLE**
Age:	**20**	Alcohol Test Given:	
Sex:	**MALE**	Drug Test Given:	
Unit No.:	**1**	Source of Transport:	**01 - NOT TRANSPORTED**
Seating Position:	**03 - 1ST ROW: RIGHT SIDE**	Died at Scene/Enroute:	**01 - NOT APPLICABLE**
Occupant Protection:	**03 - SHOULDER AND LAP BELT USED**	Transported to:	
		Transported by:	

Narrative

Unit 1 was traveling southbound in the 2900 mile of Sorrel Ave. Unit 1 turned east into the Van Ess Dairy parking lot, thinking it was 300th Street. Unit 1 went airborne off of the parking lot lane, striking the ground approximately 70 feet later and continued for another approximately 153 ft before coming to a stop.

Diagram