



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1707		DATE: 2/15/2024
COMMITTEE: Crime Prevention and Public Safety		
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES		
WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: DAVE WEBSTER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: dwebster30@comcast.net	ATTENDANCE: Written	SUBMIT DATE: 2/14/2024 5:58 AM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.
This bill is common sense and will help our police and sheriff offices.



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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: W SCOTT SWAIN		PHONE NUMBER: 573-230-8138
REPRESENTING: MISSOURI POLICE CHIEFS ASSOC.		TITLE: LOBBYIST
ADDRESS: 104 CLAY		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65101
EMAIL: scott@swaingroup.biz	ATTENDANCE: Written	SUBMIT DATE: 2/13/2024 4:22 PM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/15/2024 12:42 AM
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I am very opposed to this Bill. This Bill is fooling and tricking the State Legislature. By allowing Officers to NOT activate their lights and sirens will cause accidents, injury and turn families upside down with Missourians and Visitors to our State. In addition, by NOT activating overhead and window lights, the Dash-Cam and Body-Cam will Not automatically activate, causing even more liability on the State, Counties, Municipalities and Villages. This Bill authorizes a Police Chief to Request "Mutual-Aid" from any where in the United States. This is bad Public Policy as out-state officers do NOT know or are NOT trained in our Laws and State Statues. This will be a large Liability. Kill this Bill!



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WITNESS NAME			
INDIVIDUAL:			
WITNESS NAME: JON STAMBAUGH		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL:	ATTENDANCE:		SUBMIT DATE: 2/15/2024 12:00 AM
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