



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                               |                           |   |
|--|-------------------------------|---------------------------|---|
| BILL NUMBER:<br><b>HB 1489</b>   |                               | DATE:<br><b>3/26/2025</b> |   |
| COMMITTEE:<br><b>Crime and Public Safety</b>   |                               |                           |   |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |                           |   |
| <b>WITNESS NAME</b>  |                               |                           |   |
| <b>INDIVIDUAL:</b>   |                               |                           |   |
| WITNESS NAME:<br><b>ALISON DAVIS</b>   |                               | PHONE NUMBER:             |   |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                    |   |
| ADDRESS:   |                               |                           |   |
| CITY:  |                               | STATE:                    | ZIP:                                      |
| EMAIL:<br><b>dallison472@gmail.com</b>   | ATTENDANCE:<br><b>Written</b> |                           | SUBMIT DATE:<br><b>3/26/2025 11:43 AM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |                           |   |



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| COMMITTEE:<br><b>Crime and Public Safety</b>   |                               |                           |  |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |                           |  |
| <b>WITNESS NAME</b>  |                               |                           |  |
| <b>INDIVIDUAL:</b>   |                               |                           |  |
| WITNESS NAME:<br><b>ALYSSA JORDAN</b>  |                               | PHONE NUMBER:             |  |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                    |  |
| ADDRESS:   |                               |                           |  |
| CITY:  |                               | STATE:                    | ZIP:                                     |
| EMAIL:<br><b>jordan10alyssa25@gmail.com</b>  | ATTENDANCE:<br><b>Written</b> |                           | SUBMIT DATE:<br><b>3/25/2025 9:52 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |                           |  |



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| <b>WITNESS NAME</b>  |  |                               |   |
| <b>INDIVIDUAL:</b>   |  |                               |   |
| WITNESS NAME:<br><b>ANDREA DOCKINS</b>   |  | PHONE NUMBER:                 |   |
| BUSINESS/ORGANIZATION NAME:  |  | TITLE:                        |   |
| ADDRESS:   |  |                               |   |
| CITY:  |  | STATE:                        | ZIP:                                      |
| EMAIL:<br><b>addockins@gmail.com</b>   |  | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>3/26/2025 11:33 AM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |  |                               |   |



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| <b>WITNESS NAME</b>  |                               |                           |   |
| <b>INDIVIDUAL:</b>   |                               |                           |   |
| WITNESS NAME:<br><b>ANGELA HEDRICK</b>   |                               | PHONE NUMBER:             |   |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                    |   |
| ADDRESS:   |                               |                           |   |
| CITY:  |                               | STATE:                    | ZIP:                                      |
| EMAIL:<br><b>princessmom246@gmail.com</b>  | ATTENDANCE:<br><b>Written</b> |                           | SUBMIT DATE:<br><b>3/25/2025 10:29 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |                           |   |



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| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |                           |   |
| <b>WITNESS NAME</b>  |                               |                           |   |
| <b>INDIVIDUAL:</b>   |                               |                           |   |
| WITNESS NAME:<br><b>CHIEF DAVID LOBAUGH</b>  |                               | PHONE NUMBER:             |   |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                    |   |
| ADDRESS:   |                               |                           |   |
| CITY:  |                               | STATE:                    | ZIP:                                      |
| EMAIL:<br><b>chief@lc-cg.org</b>   | ATTENDANCE:<br><b>Written</b> |                           | SUBMIT DATE:<br><b>3/26/2025 11:55 AM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |                           |   |

I believe in this.



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| COMMITTEE:<br><b>Crime and Public Safety</b>   |                               |                           |   |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |                           |   |
| <b>WITNESS NAME</b>  |                               |                           |   |
| <b>INDIVIDUAL:</b>   |                               |                           |   |
| WITNESS NAME:<br><b>CRAIG SEARL</b>  |                               | PHONE NUMBER:             |   |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                    |   |
| ADDRESS:   |                               |                           |   |
| CITY:  |                               | STATE:                    | ZIP:                                      |
| EMAIL:<br><b>ringleaderof7@gmail.com</b>   | ATTENDANCE:<br><b>Written</b> |                           | SUBMIT DATE:<br><b>3/25/2025 10:42 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |                           |   |



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| COMMITTEE:<br><b>Crime and Public Safety</b>   |                               |                           |  |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |                           |  |
| <b>WITNESS NAME</b>  |                               |                           |  |
| <b>INDIVIDUAL:</b>   |                               |                           |  |
| WITNESS NAME:<br><b>DARLEAN SNEED</b>  |                               | PHONE NUMBER:             |  |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                    |  |
| ADDRESS:   |                               |                           |  |
| CITY:  |                               | STATE:                    | ZIP:                                     |
| EMAIL:<br><b>darleansneed@yahoo.com</b>  | ATTENDANCE:<br><b>Written</b> |                           | SUBMIT DATE:<br><b>3/26/2025 4:34 AM</b> |

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**I am in support of this Amendment. There are too many crashes involving phones. The cities should be able to have their own ordinance to prosecute the way they see fit and not send to the state to handle.**



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| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |                           |  |
| <b>WITNESS NAME</b>  |                               |                           |  |
| <b>INDIVIDUAL:</b>   |                               |                           |  |
| WITNESS NAME:<br><b>DAWN SMITH</b>   |                               | PHONE NUMBER:             |  |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                    |  |
| ADDRESS:   |                               |                           |  |
| CITY:  |                               | STATE:                    | ZIP:                                     |
| EMAIL:<br><b>dsmith0217@gmail.com</b>  | ATTENDANCE:<br><b>Written</b> |                           | SUBMIT DATE:<br><b>3/26/2025 6:49 AM</b> |

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**Please pass the ordinance (House Bill 1489) allowing local municipalities to enforce the ordinance against texting and driving.**





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| COMMITTEE:<br><b>Crime and Public Safety</b>   |                               |                           |  |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |                           |  |
| <b>WITNESS NAME</b>  |                               |                           |  |
| <b>INDIVIDUAL:</b>   |                               |                           |  |
| WITNESS NAME:<br><b>DENNIS</b>   |                               | PHONE NUMBER:             |  |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                    |  |
| ADDRESS:   |                               |                           |  |
| CITY:  |                               | STATE:                    | ZIP:                                     |
| EMAIL:<br><b>denniskraus296430@gmail.com</b>   | ATTENDANCE:<br><b>Written</b> |                           | SUBMIT DATE:<br><b>3/25/2025 9:33 PM</b> |

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**I ask that you pass this ordinance. To many people distracted while driving and it's scary to drive anymore. Please help us.**



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| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |                           |   |
| <b>WITNESS NAME</b>  |                               |                           |   |
| <b>INDIVIDUAL:</b>   |                               |                           |   |
| WITNESS NAME:<br><b>FRANCES M HOWARD</b>   |                               | PHONE NUMBER:             |   |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                    |   |
| ADDRESS:   |                               |                           |   |
| CITY:  |                               | STATE:                    | ZIP:                                      |
| EMAIL:<br><b>hrlfranky@yahoo.com</b>   | ATTENDANCE:<br><b>Written</b> |                           | SUBMIT DATE:<br><b>3/26/2025 11:44 AM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |                           |   |



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| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |                           |  |
| <b>WITNESS NAME</b>  |                               |                           |  |
| <b>INDIVIDUAL:</b>   |                               |                           |  |
| WITNESS NAME:<br><b>FULTON JENKINS</b>   |                               | PHONE NUMBER:             |  |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                    |  |
| ADDRESS:   |                               |                           |  |
| CITY:  |                               | STATE:                    | ZIP:                                     |
| EMAIL:<br><b>jenkinsfulton08@gmail.com</b>   | ATTENDANCE:<br><b>Written</b> |                           | SUBMIT DATE:<br><b>3/26/2025 6:12 AM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |                           |  |

The dangers of texting while driving are obvious and create a substantial and inherently dangerous driving condition. Municipalities maintain the right to create ordinances to protect their communities, by creating stricter regulation apart from state law. While municipalities cannot create ordinances which violate a state law, they can elect to create stricter ordinances to regulate a state recognized violation of the law. We have seen this for example with seatbelt ordinances. Too many people have died as a direct consequence of the use of electronic devices while driving. I urge you to support this amendment, to preserve the separation of state and local government, as well as individual communities rights to protect their citizens.



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| COMMITTEE:<br><b>Crime and Public Safety</b>   |                               |                           |  |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |                           |  |
| <b>WITNESS NAME</b>  |                               |                           |  |
| <b>INDIVIDUAL:</b>   |                               |                           |  |
| WITNESS NAME:<br><b>GEORGEANNA ALDY</b>  |                               | PHONE NUMBER:             |  |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                    |  |
| ADDRESS:   |                               |                           |  |
| CITY:  |                               | STATE:                    | ZIP:                                     |
| EMAIL:<br><b>georgiealdy@gmail.com</b>   | ATTENDANCE:<br><b>Written</b> |                           | SUBMIT DATE:<br><b>3/26/2025 4:18 AM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |                           |  |



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| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |                           |   |
| <b>WITNESS NAME</b>  |                               |                           |   |
| <b>INDIVIDUAL:</b>   |                               |                           |   |
| WITNESS NAME:<br><b>JENNI STOCK</b>  |                               | PHONE NUMBER:             |   |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                    |   |
| ADDRESS:   |                               |                           |   |
| CITY:  |                               | STATE:                    | ZIP:                                      |
| EMAIL:<br><b>stockjenni@yahoo.com</b>  | ATTENDANCE:<br><b>Written</b> |                           | SUBMIT DATE:<br><b>3/25/2025 10:54 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |                           |   |

My son carpooled with Jessica Brazil everyday but the day of the MVA, I still have the text message I sent to Jess letting her know that Brody wasn't going to daycare that day, Malachi was sitting in my son's car seat, I think about them everyday. I have NOT text while driving since that day. Please pass this Bill so there isn't another family affected by texting and driving. I'd give anything to hear Jessica and Malachi's voices one more time ??



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| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |                           |  |
| <b>WITNESS NAME</b>  |                               |                           |  |
| <b>INDIVIDUAL:</b>   |                               |                           |  |
| WITNESS NAME:<br><b>JESSICA BAUGHMAN</b>   |                               | PHONE NUMBER:             |  |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                    |  |
| ADDRESS:   |                               |                           |  |
| CITY:  |                               | STATE:                    | ZIP:                                     |
| EMAIL:<br><b>jmbaughman2@gmail.com</b>   | ATTENDANCE:<br><b>Written</b> |                           | SUBMIT DATE:<br><b>3/25/2025 9:40 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |                           |  |



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| <b>WITNESS NAME</b>  |  |                               |  |
| <b>INDIVIDUAL:</b>   |  |                               |  |
| WITNESS NAME:<br><b>JUDY JOHNSON</b>   |  | PHONE NUMBER:                 |  |
| BUSINESS/ORGANIZATION NAME:  |  | TITLE:                        |  |
| ADDRESS:   |  |                               |  |
| CITY:  |  | STATE:                        | ZIP:                                     |
| EMAIL:<br><b>judy@westshoredev.com</b>   |  | ATTENDANCE:<br><b>Written</b> | SUBMIT DATE:<br><b>3/26/2025 6:33 AM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |  |                               |  |



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| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |                           |   |
| <b>WITNESS NAME</b>  |                               |                           |   |
| <b>INDIVIDUAL:</b>   |                               |                           |   |
| WITNESS NAME:<br><b>KAREN ABBIATTI</b>   |                               | PHONE NUMBER:             |   |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                    |   |
| ADDRESS:   |                               |                           |   |
| CITY:  |                               | STATE:                    | ZIP:                                      |
| EMAIL:<br><b>karenabbiatti@gmail.com</b>   | ATTENDANCE:<br><b>Written</b> |                           | SUBMIT DATE:<br><b>3/26/2025 11:12 AM</b> |
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| <b>WITNESS NAME</b>  |                               |                           |   |
| <b>INDIVIDUAL:</b>   |                               |                           |   |
| WITNESS NAME:<br><b>LINDSAY PARROTT</b>  |                               | PHONE NUMBER:             |   |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                    |   |
| ADDRESS:   |                               |                           |   |
| CITY:  |                               | STATE:                    | ZIP:                                      |
| EMAIL:<br><b>linteal@gmail.com</b>   | ATTENDANCE:<br><b>Written</b> |                           | SUBMIT DATE:<br><b>3/25/2025 10:24 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |                           |   |

I fully support House Bill 1489 and the amendment that will allow municipalities and counties to enforce hands-free driving ordinances, as long as they do not conflict with state statute. The tragic accident in Sunrise Beach in 2018 was a painful reminder of the dangers of texting and driving. Since then, the community has worked hard to promote safer roads by implementing local hands-free ordinances. Unfortunately, the current statewide hands-free law (Section 10) unintentionally stripped municipalities of the ability to enforce these ordinances, forcing violations to be handled at the state level and overwhelming an already burdened court system.



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| <b>WITNESS NAME</b>  |                               |                           |  |
| <b>INDIVIDUAL:</b>   |                               |                           |  |
| WITNESS NAME:<br><b>MELISSA HARTMAN</b>  |                               | PHONE NUMBER:             |  |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                    |  |
| ADDRESS:   |                               |                           |  |
| CITY:  |                               | STATE:                    | ZIP:                                     |
| EMAIL:<br><b>melissahartmanrn@yahoo.com</b>  | ATTENDANCE:<br><b>Written</b> |                           | SUBMIT DATE:<br><b>3/26/2025 5:36 AM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |                           |  |



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|  |                               |                           |  |
|--|-------------------------------|---------------------------|--|
| BILL NUMBER:<br><b>HB 1489</b>   |                               | DATE:<br><b>3/26/2025</b> |  |
| COMMITTEE:<br><b>Crime and Public Safety</b>   |                               |                           |  |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |                           |  |
| <b>WITNESS NAME</b>  |                               |                           |  |
| <b>INDIVIDUAL:</b>   |                               |                           |  |
| WITNESS NAME:<br><b>MICHELLE TAYLOR</b>  |                               | PHONE NUMBER:             |  |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                    |  |
| ADDRESS:   |                               |                           |  |
| CITY:  |                               | STATE:                    | ZIP:                                     |
| EMAIL:<br><b>trickdeuce@yahoo.com</b>  | ATTENDANCE:<br><b>Written</b> |                           | SUBMIT DATE:<br><b>3/26/2025 8:51 AM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |                           |  |
| <b>Local needs to enforce this</b>   |                               |                           |  |



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                               |                           |   |
|--|-------------------------------|---------------------------|---|
| BILL NUMBER:<br><b>HB 1489</b>   |                               | DATE:<br><b>3/26/2025</b> |   |
| COMMITTEE:<br><b>Crime and Public Safety</b>   |                               |                           |   |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |                           |   |
| <b>WITNESS NAME</b>  |                               |                           |   |
| <b>INDIVIDUAL:</b>   |                               |                           |   |
| WITNESS NAME:<br><b>MORGAN MAYER</b>   |                               | PHONE NUMBER:             |   |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                    |   |
| ADDRESS:   |                               |                           |   |
| CITY:  |                               | STATE:                    | ZIP:                                      |
| EMAIL:<br><b>Mhobbs0609@gmail.com</b>  | ATTENDANCE:<br><b>Written</b> |                           | SUBMIT DATE:<br><b>3/25/2025 10:16 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |                           |   |



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                               |                           |  |
|--|-------------------------------|---------------------------|--|
| BILL NUMBER:<br><b>HB 1489</b>   |                               | DATE:<br><b>3/26/2025</b> |  |
| COMMITTEE:<br><b>Crime and Public Safety</b>   |                               |                           |  |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |                           |  |
| <b>WITNESS NAME</b>  |                               |                           |  |
| <b>INDIVIDUAL:</b>   |                               |                           |  |
| WITNESS NAME:<br><b>PAMELA PETROPOULOS</b>   |                               | PHONE NUMBER:             |  |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                    |  |
| ADDRESS:   |                               |                           |  |
| CITY:  |                               | STATE:                    | ZIP:                                     |
| EMAIL:<br><b>tctileimports@yahoo.com</b>   | ATTENDANCE:<br><b>Written</b> |                           | SUBMIT DATE:<br><b>3/26/2025 4:33 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |                           |  |



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                               |                           |   |
|--|-------------------------------|---------------------------|---|
| BILL NUMBER:<br><b>HB 1489</b>   |                               | DATE:<br><b>3/26/2025</b> |   |
| COMMITTEE:<br><b>Crime and Public Safety</b>   |                               |                           |   |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |                           |   |
| <b>WITNESS NAME</b>  |                               |                           |   |
| <b>INDIVIDUAL:</b>   |                               |                           |   |
| WITNESS NAME:<br><b>RENEE BURROWS</b>  |                               | PHONE NUMBER:             |   |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                    |   |
| ADDRESS:   |                               |                           |   |
| CITY:  |                               | STATE:                    | ZIP:                                      |
| EMAIL:<br><b>naynayhog@duck.com</b>  | ATTENDANCE:<br><b>Written</b> |                           | SUBMIT DATE:<br><b>3/25/2025 10:24 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |                           |   |



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                               |                           |   |
|--|-------------------------------|---------------------------|---|
| BILL NUMBER:<br><b>HB 1489</b>   |                               | DATE:<br><b>3/26/2025</b> |   |
| COMMITTEE:<br><b>Crime and Public Safety</b>   |                               |                           |   |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |                           |   |
| <b>WITNESS NAME</b>  |                               |                           |   |
| <b>INDIVIDUAL:</b>   |                               |                           |   |
| WITNESS NAME:<br><b>RENEE BURROWS</b>  |                               | PHONE NUMBER:             |   |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                    |   |
| ADDRESS:   |                               |                           |   |
| CITY:  |                               | STATE:                    | ZIP:                                      |
| EMAIL:<br><b>naynayhog@duck.com</b>  | ATTENDANCE:<br><b>Written</b> |                           | SUBMIT DATE:<br><b>3/25/2025 10:27 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |                           |   |



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                               |                           |   |
|--|-------------------------------|---------------------------|---|
| BILL NUMBER:<br><b>HB 1489</b>   |                               | DATE:<br><b>3/26/2025</b> |   |
| COMMITTEE:<br><b>Crime and Public Safety</b>   |                               |                           |   |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |                           |   |
| <b>WITNESS NAME</b>  |                               |                           |   |
| <b>INDIVIDUAL:</b>   |                               |                           |   |
| WITNESS NAME:<br><b>SANDY HAHN</b>   |                               | PHONE NUMBER:             |   |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                    |   |
| ADDRESS:   |                               |                           |   |
| CITY:  |                               | STATE:                    | ZIP:                                      |
| EMAIL:<br><b>4sanden@gmail.com</b>   | ATTENDANCE:<br><b>Written</b> |                           | SUBMIT DATE:<br><b>3/25/2025 10:16 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |                           |   |
| <b>Please for safer roads, support this bill.</b>  |                               |                           |   |





MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |             |   |                      |
|--|-------------|---|----------------------|
| BILL NUMBER:<br><b>HB 1489</b>   |             | DATE:<br><b>3/26/2025</b>                 |                      |
| COMMITTEE:<br><b>Crime and Public Safety</b>   |             |   |                      |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |             |   |                      |
| <b>WITNESS NAME</b>  |             |   |                      |
| <b>BUSINESS/ORGANIZATION:</b>  |             |   |                      |
| WITNESS NAME:<br><b>SCOTT CRAIG</b>  |             | PHONE NUMBER:<br><b>573-889-8595</b>      |                      |
| BUSINESS/ORGANIZATION NAME:<br><b>SUNRISE BEACH POLICE</b>   |             | TITLE:<br><b>CHIEF OF POLICE</b>          |                      |
| ADDRESS:<br><b>32 SUNSET HILLS CT</b>  |             |   |                      |
| CITY:<br><b>SUNRISE BEACH</b>  |             | STATE:<br><b>MO</b>                       | ZIP:<br><b>65079</b> |
| EMAIL:   | ATTENDANCE: | SUBMIT DATE:<br><b>3/26/2025 12:00 AM</b> |                      |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |             |   |                      |



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                               |                           |   |
|--|-------------------------------|---------------------------|---|
| BILL NUMBER:<br><b>HB 1489</b>   |                               | DATE:<br><b>3/26/2025</b> |   |
| COMMITTEE:<br><b>Crime and Public Safety</b>   |                               |                           |   |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |                           |   |
| <b>WITNESS NAME</b>  |                               |                           |   |
| <b>INDIVIDUAL:</b>   |                               |                           |   |
| WITNESS NAME:<br><b>TANYA SHORE</b>  |                               | PHONE NUMBER:             |   |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                    |   |
| ADDRESS:   |                               |                           |   |
| CITY:  |                               | STATE:                    | ZIP:                                      |
| EMAIL:<br><b>tnt1990@sbcglobal.net</b>   | ATTENDANCE:<br><b>Written</b> |                           | SUBMIT DATE:<br><b>3/25/2025 11:05 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |                           |   |

I support NO texting while driving laws



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                               |                           |   |
|--|-------------------------------|---------------------------|---|
| BILL NUMBER:<br><b>HB 1489</b>   |                               | DATE:<br><b>3/26/2025</b> |   |
| COMMITTEE:<br><b>Crime and Public Safety</b>   |                               |                           |   |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |                           |   |
| <b>WITNESS NAME</b>  |                               |                           |   |
| <b>INDIVIDUAL:</b>   |                               |                           |   |
| WITNESS NAME:<br><b>TERESA COURTNEY</b>  |                               | PHONE NUMBER:             |   |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                    |   |
| ADDRESS:   |                               |                           |   |
| CITY:  |                               | STATE:                    | ZIP:                                      |
| EMAIL:<br><b>teresaacourtney@mail.com</b>  | ATTENDANCE:<br><b>Written</b> |                           | SUBMIT DATE:<br><b>3/26/2025 10:36 PM</b> |

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**If I can change my text while driving habit, anyone can...It's for the safety of everyone on the road.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                               |                           |  |
|--|-------------------------------|---------------------------|--|
| BILL NUMBER:<br><b>HB 1489</b>   |                               | DATE:<br><b>3/26/2025</b> |  |
| COMMITTEE:<br><b>Crime and Public Safety</b>   |                               |                           |  |
| <b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |                           |  |
| <b>WITNESS NAME</b>  |                               |                           |  |
| <b>INDIVIDUAL:</b>   |                               |                           |  |
| WITNESS NAME:<br><b>WENDY POULSEN</b>  |                               | PHONE NUMBER:             |  |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                    |  |
| ADDRESS:   |                               |                           |  |
| CITY:  |                               | STATE:                    | ZIP:                                     |
| EMAIL:<br><b>wapoulsen@yahoo.com</b>   | ATTENDANCE:<br><b>Written</b> |                           | SUBMIT DATE:<br><b>3/26/2025 4:45 PM</b> |

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**I believe all texting & driving should be banned including commercial & public vehicles. It just causes too may accidents & lost lives. Please amend to allow for local communities to add this restriction.**



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                                 |                           |   |
|--|---------------------------------|---------------------------|---|
| BILL NUMBER:<br><b>HB 1489</b>   |                                 | DATE:<br><b>3/26/2025</b> |   |
| COMMITTEE:<br><b>Crime and Public Safety</b>   |                                 |                           |   |
| <b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                                 |                           |   |
| <b>WITNESS NAME</b>  |                                 |                           |   |
| <b>INDIVIDUAL:</b>   |                                 |                           |   |
| WITNESS NAME:<br><b>ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>   |                                 | PHONE NUMBER:             |   |
| BUSINESS/ORGANIZATION NAME:  |                                 | TITLE:                    |   |
| ADDRESS:   |                                 |                           |   |
| CITY:  |                                 | STATE:                    | ZIP:                                      |
| EMAIL:<br><b>arniedienoff@yahoo.com</b>  | ATTENDANCE:<br><b>In-Person</b> |                           | SUBMIT DATE:<br><b>3/26/2025 11:59 PM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                                 |                           |   |



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                               |                           |  |
|--|-------------------------------|---------------------------|--|
| BILL NUMBER:<br><b>HB 1489</b>   |                               | DATE:<br><b>3/26/2025</b> |  |
| COMMITTEE:<br><b>Crime and Public Safety</b>   |                               |                           |  |
| <b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |                           |  |
| <b>WITNESS NAME</b>  |                               |                           |  |
| <b>INDIVIDUAL:</b>   |                               |                           |  |
| WITNESS NAME:<br><b>BLAKE AGNIEL</b>   |                               | PHONE NUMBER:             |  |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                    |  |
| ADDRESS:   |                               |                           |  |
| CITY:  |                               | STATE:                    | ZIP:                                     |
| EMAIL:<br><b>bagniel@gmail.com</b>   | ATTENDANCE:<br><b>Written</b> |                           | SUBMIT DATE:<br><b>3/26/2025 4:18 AM</b> |
| <b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>  |                               |                           |  |

We all like to feel good but pushing these ridiculous bills based on feelings and not common sense is terrifying. Does anyone think this bill will actually cause fewer accidents? If so, based on what? Or is this just another tool to put in these local law enforcement departments tool belt to fund their departments and harass their constituents, especially the less fortunate who can't afford hands free devices and/or cars. Do the right thing and squash this nonsense. Thanks!



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                               |                           |  |
|--|-------------------------------|---------------------------|--|
| BILL NUMBER:<br><b>HB 1489</b>   |                               | DATE:<br><b>3/26/2025</b> |  |
| COMMITTEE:<br><b>Crime and Public Safety</b>   |                               |                           |  |
| <b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |                           |  |
| <b>WITNESS NAME</b>  |                               |                           |  |
| <b>INDIVIDUAL:</b>   |                               |                           |  |
| WITNESS NAME:<br><b>BRODY ELLER</b>  |                               | PHONE NUMBER:             |  |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                    |  |
| ADDRESS:   |                               |                           |  |
| CITY:  |                               | STATE:                    | ZIP:                                     |
| EMAIL:<br><b>brodyeller@gmail.com</b>  | ATTENDANCE:<br><b>Written</b> |                           | SUBMIT DATE:<br><b>3/26/2025 6:26 AM</b> |

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

To my understanding this law would allow municipal court for cell phone violations instead of it being all State. To keep consistency, records, and process more organized, the statewide law should remain how written. This amendment is nothing more than a revenue boost and encouragement of city officials to push enforcement only to generate revenue and not for reasons of enforcing state law.



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

|  |                               |                           |  |
|--|-------------------------------|---------------------------|--|
| BILL NUMBER:<br><b>HB 1489</b>   |                               | DATE:<br><b>3/26/2025</b> |  |
| COMMITTEE:<br><b>Crime and Public Safety</b>   |                               |                           |  |
| <b>TESTIFYING:</b> <input type="checkbox"/> IN SUPPORT OF <input checked="" type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES |                               |                           |  |
| <b>WITNESS NAME</b>  |                               |                           |  |
| <b>INDIVIDUAL:</b>   |                               |                           |  |
| WITNESS NAME:<br><b>DANA KERR</b>  |                               | PHONE NUMBER:             |  |
| BUSINESS/ORGANIZATION NAME:  |                               | TITLE:                    |  |
| ADDRESS:   |                               |                           |  |
| CITY:  |                               | STATE:                    | ZIP:                                     |
| EMAIL:<br><b>kerrazangel@gmail.com</b>   | ATTENDANCE:<br><b>Written</b> |                           | SUBMIT DATE:<br><b>3/26/2025 6:49 PM</b> |

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**I don't think villages should be able to make their own laws. If it is a state law it should be enforced. I do not think that local law enforcement should be able to make up laws as they go.**