

IN THE DISTRICT COURT, HARRIS COUNTY

**234th Judicial District**

Mark Burke ) CASE No. 202268307  
 )  
 Plaintiff. )  
 )  
 vs. )  
 )  
 KPH – Consolidation Inc., )  
 DBA HCA Houston Healthcare )  
 Kingwood, a domestic For-Profit )  
 Corporation, )  
 )  
 )  
 Defendant. )

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**PLAINTIFF’S REQUEST FOR PRODUCTION & INSPECTION OF  
VIDEO SURVEILLANCE FOOTAGE FROM HCA KINGWOOD  
HOSPITAL**

Mark Burke, Plaintiff, files this request for production and inspection from KPH – Consolidation Inc., DBA HCA Houston Healthcare Kingwood, a domestic For-Profit Corporation, Defendant herein;

#### **TRCP 196.4**

Plaintiff herein requests, per Tex. R. Civ. P. 196.4, production of electronic data in the form of the video surveillance footage as identified in Plaintiff's operative complaint ( See; <https://kingwooddr.com/burke-v-kph-consolidation-inc-dba-hca-houston-healthcare-kingwood/>) and Spoilation letter I (See; <https://kingwooddr.com/spoilation-letter-to-hca-kingwood/>) and II (See; <https://kingwooddr.com/spoilation-letter-ii-to-hca-kingwood/>) submitted to HCA.

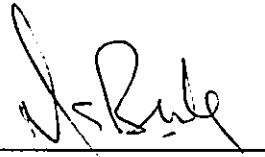
#### **Production Period (Aug. 9-13, 2022)**

The period of the footage should be from the early evening of Tuesday, August 9<sup>th</sup>, 2022 , when Mark Burke arrived at HCA's Kingwood Hospital ER, until his departure in the early morning of Saturday, 13<sup>th</sup> August, 2022.

**Production Format (.mp4 Video)**

Plaintiff requests the video surveillance footage be made available on the cloud in **.mp4** video format, with downloadable link(s) available for Plaintiff to access and download said video footage at the expense of Defendant, per Tex. R. Civ. P. 196.6.

RESPECTFULLY submitted this 19th day of October, 2022.



Mark Burke  
State of Texas / Pro Se

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Kingwood, Texas 77339  
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**CV-Certificate of Service (Service of Papers Other than Citation)**

Instructions: Every notice, pleading, plea, motion, or request made to the court must be served on all other parties in person, by mail or courier, by fax, by e-mail with consent, or in another manner directed by the court. Pleadings and documents other than a citation may be served by a party to the suit, an attorney of record, a sheriff or constable, or any other person competent to testify. Proof of such service must be evidenced by a certificate of service signed by a party or the party's attorney of record, or signed and verified if the service is made by any other person, and attached to the document filed with the Court. Rule 501.4

**CERTIFICATE OF SERVICE**

I certify that this document was served on all parties to this lawsuit as follows:

Name of Document: PLAINTIFF'S REQUEST FOR PRODUCTION & INSPECTION OF VIDEO SURVEILLANCE FOOTAGE FROM HCA KINGWOOD HOSPITAL

Method of Service (include information for each party to the lawsuit served with the document):

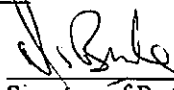
Personal Delivery:  
Name of Party or Party's attorney of record or agent, if any: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date delivered: \_\_\_\_\_  
Person delivering document: \_\_\_\_\_

Mail or Courier:  
Name of Party or Party's attorney of record or agent, if any: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date mailed: \_\_\_\_\_ Certified Mail Receipt No.: \_\_\_\_\_  
Courier: \_\_\_\_\_  
Date of courier delivery: \_\_\_\_\_ Courier Receipt No.: \_\_\_\_\_

Fax  
Name of Party or Party's attorney of record or agent, if any: \_\_\_\_\_  
Date and time fax sent: \_\_\_\_\_ Fax number: \_\_\_\_\_


Email  
Name of Party or Party's attorney of record or agent, if any: NICOLE ANDREWS, AND, HCA EMAIL PROVIDED  
Date and time email sent: 10/19/22 @ 12 NOON Email address: nandrews@serpeandrews.com  
KWMC.PatientAdvocate@HCAHealthcare.com

Signed on 10/19/2022

  
\_\_\_\_\_  
Signature of Party or Party's Attorney of Record

MARK BURKE

Signed on 10/19/2022

  
\_\_\_\_\_  
Signature of Person Providing Notice

MARK BURKE

(VERIFICATION REQUIRED IF SERVICE IS BY A PERSON OTHER THAN A PARTY OR PARTY'S ATTORNEY)

I declare under penalty of perjury that the information in this Certificate of Service is true and correct.

Signed on \_\_\_\_\_ in \_\_\_\_\_, County, Texas.

\_\_\_\_\_  
Signature of Person Providing Notice  
Printed Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_