

EXHIBIT 17

Case 8:16-cv-00591-SVW-PLA Document 37-2 Filed 02/21/17 Page 1 of 3 Page ID
#:302

Exhibit A



**CLAIM FOR MONEY OR DAMAGES
AGAINST THE COUNTY OF ORANGE**
(Pursuant to Govt. Code section 910 et seq.)

Received by _____ via:

Mail
 Over the Counter
 Pony Mail
 Other

*** COB USE ONLY***

Completed and signed forms must be mailed or delivered to: Clerk of the Board of Supervisors
 (Unsigned claim forms cannot be processed) 333 W. Santa Ana Blvd., Suite 465
 Santa Ana, CA 92701

CLAIMANT INFORMATION

1. Claimant's Name: _____ 2. Date of Birth: _____

3. Claimant's Address: _____ Street (or P.O. Box) _____ City _____ State _____ Zip Code _____

4. Phone Number: _____ Home _____ Work _____ Other attorney _____

5. Name and address where correspondence should be sent (if different from above):

_____ Name _____ Street (or P.O. Box) _____ City _____ State _____ Zip Code _____

CLAIM INFORMATION

6. Exact date (including year) of the occurrence or transaction which gave rise to the claim asserted: September 4, 2013

7. Exact location of the occurrence or transaction which gave rise to the claim asserted: In Patrol vehicle during arrest, at jail, at residence

8. Describe the circumstances of the occurrence or transaction which you claim caused the damage/injury/loss: During an arrest, Deputy Corapino uncuffed and forced her to touch his penis through his uniform, intimidated her, threatened her, harassed her, called and text message her when she was released and went to her residence in dirty and had sex with her in violation of her 4th and 14th Amendment Rights.

9. Jail Booking Number: _____ Police Agency/Report Number: OCSD 13-173847

10. Provide a description of the damage/injury/loss incurred so far as is known as of the time of this claim: Physical trauma, psychological trauma, fear, intimidation, pain and suffering.

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11. Name(s) of County employee(s) causing damage/injury/loss, if known: _____

N. Carapino #1113

12. License number of County vehicle (if applicable): _____

13. Name, address and phone number of any and all witnesses known: _____

14. Any additional information that may assist us in evaluating your claim: _____

DAMAGES CLAIMED

15. a. If the amount claimed is less than \$10,000:

Amount claimed to present: \$ _____

Estimated amount of any prospective damage/injury/loss: \$ _____

TOTAL AMOUNT CLAIMED: \$ 1 million

b. If the amount claimed exceeds \$10,000, would the case be a limited civil case (\$25,000 or less)?

Yes No X

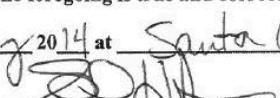
c. Basis of computation of the amount of damages (Please attach any estimates and/or receipts): Similar verdicts and settlements

WARNING: IT IS A CRIMINAL OFFENSE TO FILE A FALSE CLAIM

Section 72 of the Penal Code states: "Every person who, with intent to defraud, presents for allowance or for payment to any state board or officer, or to any county, city, or district board or officer, authorized to allow or pay the same if genuine, any false or fraudulent claim, bill, account, voucher, or writing, is punishable either by imprisonment in the county jail for a period of not more than one year, by a fine of not exceeding one thousand dollars (\$1,000), or by both such imprisonment or fine, or by imprisonment in the state prison, by a fine of not exceeding ten thousand dollars (\$10,000), or by both such imprisonment and fine."

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 27th day of February 2014 at Santa Ana


Signature of Claimant or Claimant's Representative

You Must Present Your Claim Within The Time Prescribed By Govt. Code Section 911.2