

Oradell Police Department

355 Kinderkamack Rd.
Oradell, NJ 07649



Frank Florio
Chief of Police

Phone: (201) 261-0200
Fax: (201) 261-5573

Rev. Kobutsu Malone
Post Office Box 213
Sedgwick, Maine 04676

May 7, 2012

Rev. Malone,

Please accept this letter in response to your OPRA request for police reports pertaining to your complaint entered on February 17, 2002. Due to the fact that the reported incident occurred beyond the statute of limitations for the alleged offense and that the alleged offender was deceased, no criminal prosecution was possible. Our department does not routinely maintain records of incidents that do not meet the statutory requirements for on-going criminal investigations or result in arrests. As such, the file was destroyed at the conclusion of the prescribed retention period. Furthermore, the computerized records management system that contained the original incident report is obsolete and no longer supported. Due to its incompatibility with our current system, I was unable to print the Incident Report in its original format. I have included a printout from our Terminal Agency Coordinator which contains only the imported text from the original entry on our agency letterhead.

Thank you for your patience in this matter and please feel free to contact me directly should you have any further questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Oslacky', written in a cursive style.

Lieutenant Michael Oslacky

Oradell Police Department

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Oradell, NJ 07649



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Daily Events

OCA #:0048534 Event #:

Dispatcher: 0017 Haak, Leonard

Event Officer: Michael P. Oslacky

How rpt: 0

Date reported: 2/17/2002 Time reported: 0744

Occurrence date: 9/01/1965 DOW 4 Occurrence time: 1200 Grid code

Location of occurrence: Bergen Catholic High School

Address of occurrence: 1040 Oradell Avenue

Call Code:

Leirs code: 4031 Department Information

Time dispatched: 0744 Time Arrived: 0744 Time cleared: 0746

Weather conditions: C

Disposition: See Report

Priority: 0

Details: See comments.

Location of Offense:

Persons Involved: Kevin Malone (Reverend)

Charles B. Irwin (Brother/B.C.H.S)

Bergen Catholic High School

Dispatcher: 0017 Haak, Leonard

Details See comments.

Disposition See Report

Sgt. Haak received E-mail sent to Oradell O.E.M. Web site from a party who states that he was a student at Bergen Catholic High School in 1965. Letter alleges that he and fellow classmates were subjected to criminal sexual contact by a Brother who was teaching at the school. Detective contacted Bergen Catholic and was informed that the accused is deceased.

2/21/02: Victim contacted by DSG. Oslacky and advised of findings. Victim indicated that he sent a copy of E-mail to Bergen Catholic Web site also. See copy of E-mail and disk in file.

VICTIM/COMP/SUSP/OFFENDER
Vict/Cmplnt Name

Time of Incident

Malone, Kevin (Revrin)

V VICTIM

(201)236-0335

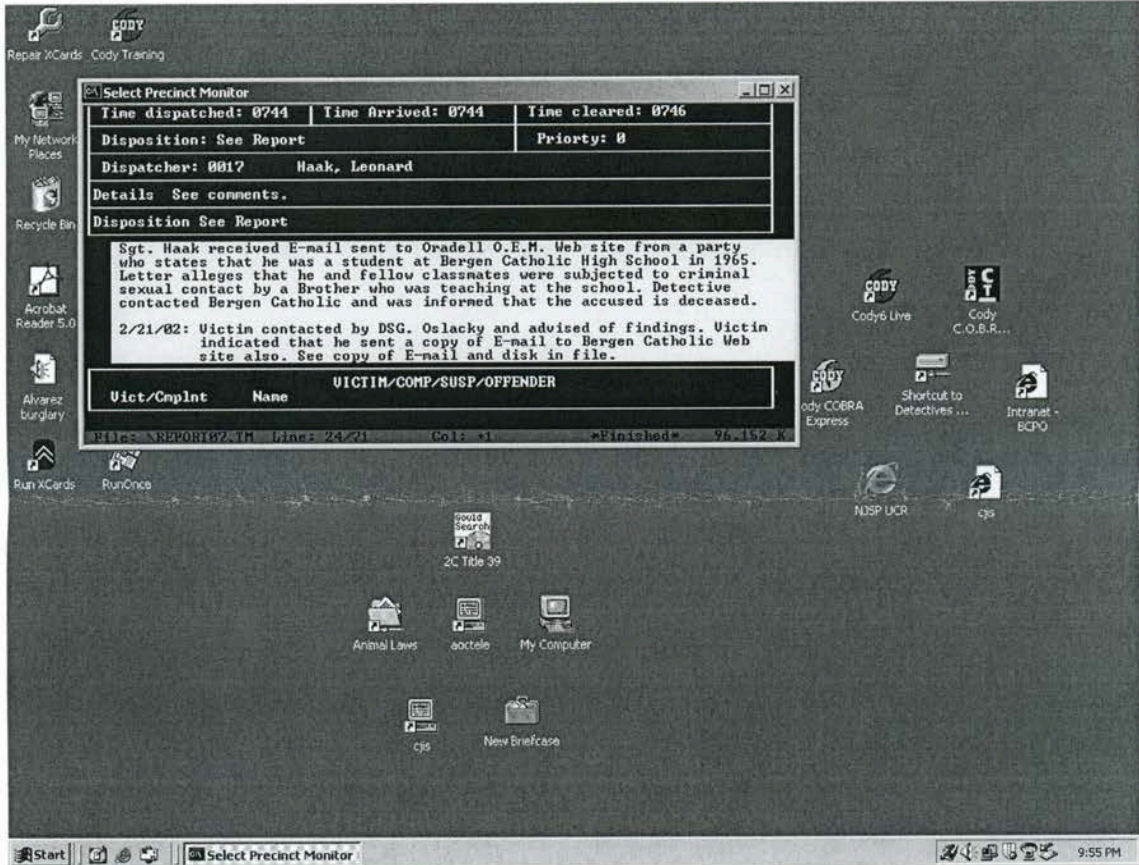
ORADELL

NJ 07649-0000

File: \REPORT07.TM Line: 27/71

Col: +1

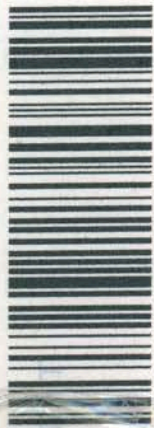
Finished 96,152 K





ORADELL POLICE DEPARTMENT
355 KINDERKAMACK ROAD
ORADELL, NJ 07649

OF THE HISTORY OF THE POSTAL SERVICE
CERTIFIED MAILTM



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**Rev. Kobutsu Malone
Post Office Box 213
Sedwick, ME 04676**

04676+0213



We will redeliver OR you or your agent can pick up your mail at the Post Office. (Bring this form and proper ID. If your agent will pick up, sign below in item 2, and enter agent's name here):

1. <input type="checkbox"/> a. Check all that apply in section 3; <input type="checkbox"/> b. Sign in section 2 below; <input type="checkbox"/> c. Leave this notice where the carrier can see it.	SEDGWICK POST OFFICE 7:30-3:45 47 REACH ROAD SEDGWICK, ME. 04676-9998 www.usps.com/redelivery or 800-ASK-USPS (275-8777)	
	Delivery Section	
2. Sign Here to authorize redelivery or to authorize an agent to sign for you:	Signature <input checked="" type="checkbox"/> <i>K. Malone</i>	Printed Name K. MALONE
3. <input type="checkbox"/> Redeliver (Enter day of week.):	Delivery Address Box 213	Delivery Address
(Allow at least two delivery days for redelivery, or go to usps.com/redelivery or call 800-275-8777 to arrange redelivery.)	USPS 	
<input type="checkbox"/> Leave item at my address (Specify where to leave. Example: "porch", "side door". This option is not available if box is checked on the front requiring your signature at time of delivery.)	5293 0390 3888 7003	
<input type="checkbox"/> Refused <input type="checkbox"/> Forward <input type="checkbox"/> Return	PS Form 3849, September 2009 (Reverse)	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>K. Malone</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	B. Received by (Printed Name) K. MALONE
	C. Date of Delivery
1. Article Addressed to: <i>Rev. Kobutsu Malone</i> <i>P.O. Box 213</i> <i>Sedgwick, ME 04676</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label) <i>7010 3090 0000 3812 6208</i>	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
Domestic Return Receipt	
102595-02-M-1540	

