

# SUSPECTED CHILD ABUSE REPORT

To Be Completed by Reporting Party  
Pursuant to Penal Code Section 11166

A. CASE IDENTIFICATION	TO BE COMPLETED BY INVESTIGATING CPA
	VICTIM NAME: _____
	REPORT NO./CASE NAME: _____
DATE OF REPORT: _____	

B. REPORTING PARTY	NAME/TITLE Gerard M. Lopez, Director of Priest Personnel	
	ADDRESS 1201 E. Highland Avenue, San Bernardino 92404	
C. REPORT SENT TO	PHONE (909) 475-5120	DATE OF REPORT 04-25-02
	SIGNATURE <i>[Signature]</i>	
D. INVOLVED PARTIES	<input checked="" type="checkbox"/> POLICE DEPARTMENT <input type="checkbox"/> SHERIFF'S OFFICE <input type="checkbox"/> COUNTY WELFARE <input type="checkbox"/> COUNTY PROBATION	
	AGENCY: San Diego County Sheriff Dept.    ADDRESS: _____ OFFICIAL CONTACTED: _____    PHONE: ( )    DATE/TIME: _____	
E. INCIDENT INFORMATION	NAME (LAST, FIRST, MIDDLE): REDACTED    ADDRESS: REDACTED    BIRTHDATE: 1948    SEX: F    RACE: C	
	PRESENT LOCATION OF CHILD: same    San Diego, CA 92120    PHONE: REDACTED	
	1. NAME: REDACTED    BIRTHDATE: 1948    SEX: F    RACE: C    4. NAME: _____    BIRTHDATE: _____    SEX: _____    RACE: _____ 2. NAME: REDACTED    BIRTHDATE: 1954    SEX: F    RACE: C    5. NAME: _____    BIRTHDATE: _____    SEX: _____    RACE: _____ 3. NAME: REDACTED    BIRTHDATE: 1957    SEX: F    RACE: C    6. NAME: _____    BIRTHDATE: _____    SEX: _____    RACE: _____	
	NAME (LAST, FIRST, MIDDLE): _____    BIRTHDATE: _____    SEX: _____    RACE: _____    NAME (LAST, FIRST, MIDDLE): _____    BIRTHDATE: _____    SEX: _____    RACE: _____ ADDRESS: _____    ADDRESS: _____ HOME PHONE: ( )    BUSINESS PHONE: ( )    HOME PHONE: ( )    BUSINESS PHONE: ( )	
	IF NECESSARY, ATTACH EXTRA SHEET OR OTHER FORM AND CHECK THIS BOX. <input type="checkbox"/>	
	1. DATE/TIME OF INCIDENT: October 1961--1963    PLACE OF INCIDENT: (CHECK ONE) <input checked="" type="checkbox"/> OCCURRED <input type="checkbox"/> OBSERVED Victims home in Mission Hills, San Diego	
	IF CHILD WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE: <input type="checkbox"/> FAMILY DAY CARE <input type="checkbox"/> CHILD CARE CENTER <input type="checkbox"/> FOSTER FAMILY HOME <input type="checkbox"/> SMALL FAMILY HOME <input type="checkbox"/> GROUP HOME OR INSTITUTION	
	2. TYPE OF ABUSE: (CHECK ONE OR MORE) <input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL <input type="checkbox"/> SEXUAL ASSAULT <input type="checkbox"/> NEGLECT <input type="checkbox"/> OTHER sexual child abuse	
	3. NARRATIVE DESCRIPTION: The four sisters independently gave testimony of physical abuse at the hands of Rev. James Ganahl, currently of 15767 Tuscola Rd. Apr. 1, Apple Valley 92307 Ph# 760-946-0107. This was previously reported in San Diego in 1993.	
	4. SUMMARIZE WHAT THE ABUSED CHILD OR PERSON ACCOMPANYING THE CHILD SAID HAPPENED: The four sisters allege that Rev. Ganahl fondled, kissed inappropriately, and sexually touched the four sisters as minors for a period of two years. This took place when the minors were in bed and going to sleep.	
5. EXPLAIN KNOWN HISTORY OF SIMILAR INCIDENT(S) FOR THIS CHILD:  		

GANAHL-RCBSD 0079

SS 8572 (Rev. 1/93)

## INSTRUCTIONS AND DISTRIBUTION ON REVERSE

**DO NOT** submit a copy of this form to the Department of Justice (DOJ). A CPA is required under Penal Code Section 11169 to submit to DOJ a Child Abuse Investigation Report Form SS-8583 if (1) an active investigation has been conducted and (2) the incident is not unfounded.

Police or Sheriff-WHITE Copy; County Welfare or Probation-BLUE Copy; District Attorney-GREEN Copy; Reporting Party-YELLOW Copy

CITY OF SAN BERNARDINO  
POLICE DEPARTMENT  
DETECTIVE BUREAU

ORI - CA0361000

Post Office Box 1559

San Bernardino, CA 92402-1559

(909) 384-5615/5616

Fax Transmission Cover Sheet



\*\*\*\*\*  
This communication is intended only for the use of the individual or entity to which it is addressed. This message contains information from the City of San Bernardino Police Department which is privileged, CONFIDENTIAL, and exempt from disclosure under applicable law. If the reader of this communication is not the intended recipient, or the employee or agency responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is STRICTLY PROHIBITED.  
\*\*\*\*\*

To:

San Diego PD  
AHU Sgt O'Hanlon Child Abuse Unit

Fax Number:

(619) 531-2807

From:

CSO P. Schoutte  
(909) 388-4840 (Fax)

Date:

5-3-02

Pages:

2 (Including Cover)

Comments:

San Bernardino Police Department's Mission is to provide:



Quality, Professional Police Service  
A Safe Environment To Enhance The Quality Of Life  
A Reduction In Crime Through Positive Police Community Interaction

**SUSPECTED CHILD ABUSE REPORT**To Be Completed by Reporting Party  
Pursuant to Penal Code Section 11166

A CASE IDENTIFICATION	TO BE COMPLETED BY REPORTING PARTY
	VICTIM NAME: _____
	REPORT NO./CASE NAME: _____
	DATE OF REPORT: _____

B. REPORTING PARTY	NAME/TITLE Gerard M. Lopez, Director of Priest Personnel	
	ADDRESS 1201 E. Highland Avenue, San Bernardino 92404	
C. REPORT SENT TO	PHONE (909) 475-5120	DATE OF REPORT 04-25-02
	SIGNATURE <i>Gerard M. Lopez</i>	
D. INVOLVED PARTIES	<input checked="" type="checkbox"/> POLICE DEPARTMENT <input type="checkbox"/> SHERIFF'S OFFICE <input type="checkbox"/> COUNTY WELFARE <input type="checkbox"/> COUNTY PROBATION	
	AGENCY: San Diego County Sheriff Dept. OFFICIAL CONTACTED: _____ ADDRESS: _____ PHONE: _____ DATE/TIME: _____	
E. INCIDENT INFORMATION	NAME (LAST, FIRST, MIDDLE) _____ ADDRESS _____ PRESENT LOCATION OF CHILD San Diego, CA 92170 BIRTHDATE 1968 SEX F RACE C PHONE 610 _____	
	NAME (LAST, FIRST, MIDDLE) _____ BIRTHDATE 1954 F RACE C NAME (LAST, FIRST, MIDDLE) _____ BIRTHDATE 1957 F RACE C	
	NAME (LAST, FIRST, MIDDLE) _____ BIRTHDATE _____ SEX _____ RACE _____ ADDRESS _____ HOME PHONE _____ BUSINESS PHONE _____	
	NAME (LAST, FIRST, MIDDLE) _____ BIRTHDATE _____ SEX _____ RACE _____ ADDRESS _____ HOME PHONE _____ BUSINESS PHONE _____	
IF NECESSARY, ATTACH EXTRA SHEET OR OTHER FORM AND CHECK THIS BOX <input type="checkbox"/>		
1. DATE/TIME OF INCIDENT October 1961--1963 PLACE OF INCIDENT (CHURCH) NO OCCURRED <input type="checkbox"/> OFFERED Victims' home in Mission Hills, San Diego		
IF CHILD WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE: <input type="checkbox"/> FAMILY DAY CARE <input type="checkbox"/> CHILD CARE CENTER <input type="checkbox"/> FOSTER FAMILY HOME <input type="checkbox"/> SMALL FAMILY HOME <input type="checkbox"/> GROUP HOME OR INSTITUTION		
2. TYPE OF ABUSE (CHECK ONE OR MORE) <input type="checkbox"/> PHYSICAL <input type="checkbox"/> MENTAL <input type="checkbox"/> SEXUAL ASSAULT <input type="checkbox"/> NEGLECT <input type="checkbox"/> OTHER Sexual child abuse		
3. NARRATIVE DESCRIPTION: The four sisters independently gave testimony of physical abuse at the hands of Rev. James Ganahl, currently of 15767 Tudoria Rd. Apt. 1, Apple Valley 92307 Ph: 760-946-0107. This was previously reported in San Diego in 1993.		
4. SUMMARIZE WHAT THE ABUSED CHILD OR PERSON ACCOMPANYING THE ICHS O SAID HAPPENED: The four sisters allege that Rev. Ganahl fondled, kissed inappropriately, and sexually touched the four sisters as minors for a period of two years. This took place when the minors were in bed and going to sleep.		
5. EXPLAIN KNOWN FACTORS OF SIMILAR INCIDENT(S) FOR THIS CHILD:		

43 272 (Rev. 1/97)

**INSTRUCTIONS AND DISTRIBUTION ON REVERSE**

DO NOT submit a copy of this form to the Department of Justice (DOJ). A CPA is required under Penal Code 11166. Child Abuse Investigation Report Form SS-8883 if (1) an active investigation.

TOTAL P.02

Report Done 6-5-02

McGhee  
5-29-02

**SAN DIEGO POLICE DEPARTMENT  
INVESTIGATOR'S REPORT****DATE (occur):** October 1961 thru 1963**TIME (occur):** Late in the evening**LOCATION:** address unknown in Mission Hills, San Diego**SUBJECT:** Child Abuse Referral for 288 (a) PC Lewd act on a child**VICTIM:**[REDACTED]  
W/F (54)[REDACTED]  
San Diego, Ca. 92129**VICTIM:**[REDACTED]  
W/F (54)

[REDACTED] twin sister

**VICTIM:**[REDACTED]  
W/F (48)**VICTIM:**[REDACTED]  
W/F (46)**INVESTIGATION:**

On 5-29-02, I received a Child Abuse Report dated 4-25-02 from Father Gerard LOPEZ, Director of Priest Personnel in San Bernardino. The report indicated Reverend James GANAHL, a family priest of the [REDACTED] family, had molested four of the [REDACTED] sisters in 1961.

CTED

On 5-31-02, I talked [REDACTED] who was surprised to hear from the police regarding this case. [REDACTED] confirmed Reverend GANAHL molested her along with three of her sisters in 1961 when they lived in Mission Hills. Judy said they disclosed the molestation with the diocese in San Bernardino in 1999. [REDACTED] said the family made some type of financial settlement with the diocese in 1999 and were instructed, and they even signed a contract not tell anyone of the settlement. [REDACTED] asked if I would contact Father LOPEZ and find out who reported the incident. [REDACTED] said she would call her sisters and ask what they wanted to do regarding prosecuting Reverend GANAHL. [REDACTED] said she would call me back.

Reporting Officer Detective Jim McGHEE ID# 3127 Sex Crimes Unit Approved by:  Date: 6-5-02 Time: 1400 Hours

GANAHL-RCBSD 0082

Investigator's Report  
SDPD 153 Only  
Page 2 of 2

I called Father LOPEZ who said they were in the process of going through old files and were instructed by the parish to file CPS reports on any molestation case not reported to law enforcement. Father LOPEZ said they had 22 cases on file of child molestation dating back 30 years. He said the [REDACTED] family was one of those case not reported to law enforcement.

I talked to Deputy District Attorney Tia QUICK regarding this case. QUICK said if the [REDACTED] family decides to go forward with prosecuting Reverend GANAHL, they might be liable to pay back any monies received from the diocese. QUICK advised me to have the [REDACTED] family contact a civil attorney and to have that attorney read their contract.


On 6-5-02, I talked to [REDACTED] and explained to her what DDA QUICK advised them to do. I also told [REDACTED] the parish was filling these CPS reports on their own without notifying the victims. Judy said she understood and said she talked it over with her sisters and they decided not to go forward with the investigation. [REDACTED] said it would be to hard on the family since most of them live out of state. I told [REDACTED] to have her sister's call me if they needed any information regarding the CPS report. **NOT ACCURATE!**

On 6-5-02, around 1200 o'clock, I received a call from [REDACTED] sister, who lives in Mason Ohio. [REDACTED] left a message on my voice mail asking me to call. I called [REDACTED] who asked that I send her a copy of the CPS report from San Bernardino, which I did. D

#### CONCLUSIONS AND RECOMMENDATIONS:

Based upon my investigation, the victims do not want me to go any further with this case. They reported the incident to their parish in 1999 and received a financial settlement. They requested a copy of the CPS report from San Bernardino which I supplied them with. This case is cancelled.

DATE	CHARGE	TIME
09/28/1998	150.00	50 min.
10/05/1998	150.00	50 min.
10/12/1998	150.00	50 min.
11/02/1998	150.00	50 min.
11/16/1998	150.00	50 min.
11/23/1998	150.00	50 min.
11/30/1998	150.00	50 min.
11/18/1998	150.00 Different Dr.	50 min.
12/02/1998	100.00 Different Dr.	50 min.
12/07/1998	100.00 Different Dr.	50 min.
12/21/1998	50.00 Different Dr.	25 min.
12/22/1998	50.00 Different Dr.	25 min.
12/30/1998	150.00	50 min.
01/05/1999	75.00	25 min.
01/20/1999	150.00	50 min.
03/24/1999	150.00	50 min.
03/30/1999	150.00	50 min.
04/19/1999	150.00	50 min.
04/29/1999	150.00	50 min.
04/30/1999	150.00	50 min.
05/05/1999	150.00	50 min.
05/10/1999	150.00	50 min.
05/17/1999	150.00	50 min.
06/01/1999	150.00	50 min.
07/06/1999	150.00	50 min.
07/14/1999	150.00	50 min.
07/21/1999	150.00	50 min.
07/28/1999	150.00	50 min.
09/01/1999	150.00	50 min.
09/22/1999	150.00	50 min.
09/27/1999	150.00	50 min.
10/22/1999	150.00	50 min.
11/01/1999	150.00	50 min.
11/08/1999	150.00	50 min.
11/15/1999	150.00	50 min.
11/29/1999	150.00	50 min.
12/06/1999	150.00	50 min.
12/13/1999	150.00	50 min.
12/07/1999	150.00	50 min.
01/03/2000	150.00	50 min.
01/10/2000	150.00	50 min.
02/03/2000	150.00	50 min.
02/10/2000	150.00	50 min.
02/17/2000	150.00	50 min.
02/24/2000	150.00	50 min.
03/02/2000	150.00	50 min.
03/07/2000	150.00	50 min.

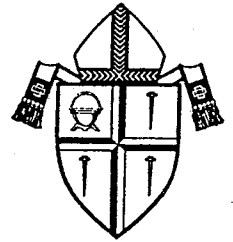


DATE	CHARGE	TIME
09/01/98	130.00	45 min.
09/08/98	130.00	45 min.
09/16/98	130.00	45 min.
09/24/98	130.00	45 min.
09/30/98	130.00	45 min.
10/05/98	130.00	45 min.
10/12/98	130.00	45 min.
10/19/98	130.00	45 min.
10/26/98	130.00	45 min.
11/02/98	130.00	45 min.
11/09/98	130.00	45 min.
11/16/98	130.00	45 min.
11/30/98	130.00	45 min.
12/07/98	130.00	45 min.
12/14/98	130.00	45 min.
12/21/98	130.00	45 min.
12/28/98	130.00	45 min.
01/04/99	140.00	45 min.
01/11/99	140.00	45 min.
01/18/99	140.00	45 min.
01/25/99	140.00	45 min.
01/27/99	140.00	45 min.
02/08/99	140.00	45 min.
02/15/99	140.00	45 min.
02/22/99	140.00	45 min.
03/01/99	140.00	45 min.
03/03/99	195.00	collateral visit
03/08/99	140.00	45 min.
03/15/99	140.00	45 min.
03/22/99	140.00	45 min.
05/03/99	140.00	45 min.
05/10/99	140.00	45 min.
05/17/99	140.00	45 min.
05/24/99	140.00	45 min.
06/02/99	140.00	45 min.
06/07/99	140.00	45 min.
06/09/99	140.00	45 min.
06/14/99	140.00	45 min.
06/16/99	140.00	45 min.
06/21/99	140.00	45 min.
06/23/99	140.00	45 min.
06/28/99	140.00	45 min.
07/05/99	140.00	45 min.
07/12/99	140.00	45 min.
07/14/99	140.00	45 min.
07/19/99	140.00	45 min.
07/21/99	140.00	45 min.
07/28/99	140.00	45 min.
08/02/99	140.00	45 min.
08/04/99	140.00	45 min.



08/09/99	140.00	45 min.
08/11/99	140.00	45 min.
08/23/99	140.00	45 min.
08/30/99	140.00	45 min.
09/01/99	140.00	45 min.
09/08/99	140.00	45 min.
09/13/99	140.00	45 min.
09/15/99	140.00	45 min.
09/20/99	140.00	45 min.
09/27/99	140.00	45 min.
09/30/99	140.00	45 min.





Office of the Chancellor

December 8, 1999

[REDACTED] M.D.  
400 Newport Center Drive  
Newport Beach, California 92660

Dear Dr. [REDACTED]:

I am writing as a follow-up to my letter to you dated November 8, 1999, regarding an extension of the time period during which the Diocese of San Diego would continue to pay for therapy for [REDACTED].

In response to a request from [REDACTED] on behalf of [REDACTED], Bishop Brom has authorized an extension of the time period, originally due to expire on December 31, 1999, to June 30, 2000, during which time the Diocese of San Diego will pay for therapy sessions for [REDACTED].

Sincerely,

*Steven F. Callahan*

Reverend Monsignor Steven F. Callahan  
Chancellor

cc: [REDACTED]

GAN AHL-RCBSD 0087

**Addresses and Phone Numbers - Ganahl Case**

[REDACTED]  
San Diego, California 92120  
[REDACTED]

[REDACTED] p.  
San Diego, California 92122  
[REDACTED]

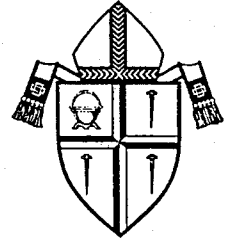
[REDACTED]  
Irvine, California 92606  
[REDACTED]

[REDACTED]  
Newport Beach, California 92660  
[REDACTED]

Father James Ganahl  
15767 Tuscola Road, #1  
Apple Valley, California 92307-2157  
(760) 946-0107

Father Ganahl's therapist:  
Joseph Malancharuvil, Ph.D.  
303 E. Vanderbilt, Suite 260  
San Bernardino, California 92408  
(909) 381-1041

Msgr. Donald Webber  
(909) 475-5120  
(909) 796-6448



Office of the Chancellor

November 8, 1999

[REDACTED]  
Newport Beach, California 92660

Dear Dr. [REDACTED]:

I am responding to your letter requesting a twelve-month extension of the time period during which the Diocese of San Diego would continue to pay for therapy for [REDACTED].

The agreement which the diocese made with the [REDACTED] was finalized on March 16, 1999. It was made after extensive dialogue with the [REDACTED] and, from our perspective, consistent with the response we have made in similar cases.

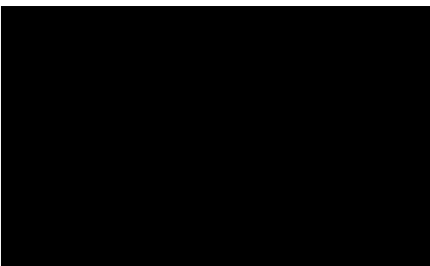
We regret that we are unwilling to change the terms of the agreement, in particular, to extend diocesan payment for therapy sessions for [REDACTED] beyond December 31, 1999.

Sincerely,

*Steven F. Callahan*

Reverend Monsignor Steven F. Callahan  
Chancellor

GAN AHL-RCBSD 0089




400 NEWPORT CENTER DRIVE  
NEWPORT BEACH, CALIFORNIA 92660  
TELEPHONE 640-4033

October 25, 1999

Very Reverend Steven F. Callahan  
Chancellor  
Pastoral Center  
Diocese of San Diego  
P.O. Box 85728  
San Diego, California 92186-5728

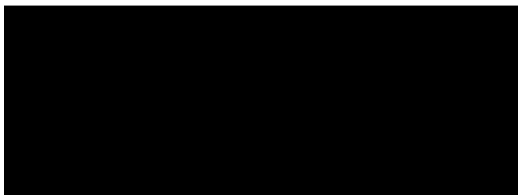
RE: 

Dear Father Callahan:

To date  has had twenty-eight visits with me since the agreement between herself and the church. She is responsible about keeping appointments and is making good progress in dealing with the issues that brought her to therapy. Because of the scheduling demands of her work and other factors, she won't be able to use the seventy-five visits granted by the church with an expiration date of December 31, 1999. I strongly recommend that the seventy-five visits be allowed, but with a twelve month extension of the time period.

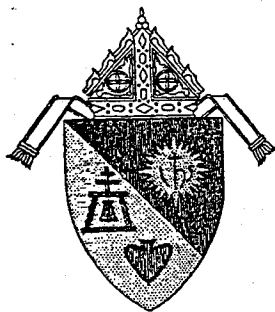
Please let me know if you have any questions or comments.

Sincerely,



EJS/km

GAN AHL-RCBSD 0090



# Diocese of San Bernardino

VICAR GENERAL ♦ CHANCELLOR

March 26, 1999

[REDACTED]  
San Diego CA 92120

Dear [REDACTED],

I want to acknowledge the content of our telephone conversation of March 17, 1999. It was important that your review of the process and your present concerns were heard.

I have made my recommendations to Bishop Barnes. They include the information that I presented to you in our telephone call.

Be assured that you and your family will be in my prayers, as hopefully, a healing process continues. May your spirit be gifted with peace in the future days and years.

With my cordial regards and gratitude, I remain

Sincerely in Christ,

*Donald S. Webber*

Reverend Monsignor Donald S. Webber  
Vicar General/Chancellor

DSW/yl

cc: Most Reverend Gerald R. Barnes  
Most Reverend Robert H. Brom  
Reverend Monsignor Steven Callahan ✓

GAN AHL-RCBSD 0091