

# COMPLAINT - WARRANT

<b>COMPLAINT NUMBER</b>				<b>THE STATE OF NEW JERSEY</b>	
<b>1304</b>	<b>W</b>	<b>2018</b>	<b>000058</b>	<b>VS.</b>	
<small>COURT CODE</small>	<small>PREFIX</small>	<small>YEAR</small>	<small>SEQUENCE NO.</small>	<b>PAUL J CANEIRO</b>	
<b>COLTS NECK TWP MUNICIPAL COURT</b> <b>124 CEDAR DRIVE</b> <b>COLTS NECK NJ 07722-0000</b> <b>732-431-1799</b> COUNTY OF: <b>MONMOUTH</b>				ADDRESS: <b>27 TILTON DRIVE</b>  <b>OCEAN NJ 07712-0000</b>	
<b># of CHARGES</b> 7	<b>CO-DEFTS</b>	<b>POLICE CASE #:</b> 18CN10182		<b>DEFENDANT INFORMATION</b>	
<b>COMPLAINANT DET. R ZARILLO</b> <b>NAME: 124 CEDAR DRIVE</b> <b>ATTN WARRANTS</b> <b>COLTS NECK NJ 07722</b>			SEX: <b>M</b> EYE COLOR: <b>BLUE</b> DOB: <b>12/30/1966</b> DRIVER'S LIC. #. DL STATE: SOCIAL SECURITY #: SBI #: TELEPHONE #: (c) LIVSCAN PCN #:		

By certification or on oath, the complainant says that to the best of his/her knowledge, information and belief the named defendant on or about **11/20/2018** in **COLTS NECK TWP**, **MONMOUTH County, NJ** did: WITHIN THE JURISDICTION OF THIS COURT, DID PURPOSELY OR KNOWINGLY CAUSE THE DEATH OF KEITH CANEIRO, OR SERIOUS BODILY INJURY RESULTING IN THE DEATH OF KEITH CANEIRO, CONTRARY TO THE PROVISIONS OF N.J.S.A. 2C:11-3A(1) OR (2), A CRIME OF THE FIRST DEGREE

WITHIN THE JURISDICTION OF THIS COURT, DID PURPOSELY OR KNOWINGLY CAUSE THE DEATH OF JENNIFER CANEIRO, OR SERIOUS BODILY INJURY RESULTING IN THE DEATH OF JENNIFER CANEIRO, CONTRARY TO THE PROVISIONS OF N.J.S.A. 2C:11-3A(1) OR (2), A CRIME OF THE FIRST DEGREE.

WITHIN THE JURISDICTION OF THIS COURT, DID PURPOSELY OR KNOWINGLY CAUSE THE DEATH OF J.C., OR SERIOUS BODILY INJURY RESULTING IN THE DEATH OF J.C., CONTRARY TO THE PROVISIONS OF N.J.S.A. 2C:11-3A(1) OR (2), A CRIME OF THE FIRST DEGREE.

**in violation of:**

Original Charge	1) <b>2C:11-3A(1)</b>	2) <b>2C:11-3A(1)</b>	3) <b>2C:11-3A(1)</b>
Amended Charge			

**CERTIFICATION:** I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signed: DET. R ZARILLO Date: 11/29/2018

You will be notified of your **Central First Appearance/CJP** date to be held at the **Superior Court** in the county of **MONMOUTH** at the following address: **MONMOUTH COUNTY COURTS**  
**71 MONUMENT PARK PO BOX 1271 FREEHOLD NJ 07728-0000**  
 Date of Arrest: \_\_\_\_\_ Appearance Date: \_\_\_\_\_ Time: \_\_\_\_\_ Phone: **732-677-4500**

### PROBABLE CAUSE DETERMINATION AND ISSUANCE OF WARRANT

Probable cause **IS NOT** found for the issuance of this complaint.

\_\_\_\_\_  
 Signature of Court Administrator or Deputy Court Administrator Date Signature of Judge Date

Probable cause **IS** found for the issuance of this complaint. **KATHRYNE BRADACH JUDICIAL OFFICER** 11/29/2018  
 Signature and Title of Judicial Officer Issuing Warrant Date

**TO ANY PEACE OFFICER OR OTHER AUTHORIZED PERSON: PURSUANT TO THIS WARRANT YOU ARE HEREBY COMMANDED TO ARREST THE NAMED DEFENDANT AND BRING THAT PERSON FORTHWITH BEFORE THE COURT TO ANSWER THE COMPLAINT.**

Bail Amount Set: \_\_\_\_\_ by: \_\_\_\_\_  
 (if different from judicial officer that issued warrant)

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Domestic Violence – Confidential</b> | <input checked="" type="checkbox"/> <b>Related Traffic Tickets or Other Complaints</b> | <input checked="" type="checkbox"/> <b>Serious Personal Injury/ Death Involved</b> |
|--|--|--|

**Special conditions of release:**  
 **No phone, mail or other personal contact w/victim**  
 **No possession firearms/weapons**  
 **Other (specify):** \_\_\_\_\_

**COMPLAINT - WARRANT****COMPLAINT NUMBER****1304****W****2018****000058****STATE V.****PAUL J CANEIRO**

COURT CODE

PREFIX

YEAR

SEQUENCE NO.

WITHIN THE JURISDICTION OF THIS COURT, DID PURPOSELY OR KNOWINGLY CAUSE THE DEATH OF S.C., OR SERIOUS BODILY INJURY RESULTING IN THE DEATH OF S.C., CONTRARY TO THE PROVISIONS OF N.J.S.A. 2C:11-3A(1) OR (2), A CRIME OF THE FIRST DEGREE

WITHIN THE JURISDICTION OF THIS COURT, DID START A FIRE ON THE PROPERTY OF ANOTHER, TO WIT, 15 WILLOW BROOK ROAD, COLTS NECK NJ, OWNED BY KEITH CANEIRO AND/OR JENNIFER CANEIRO, THEREBY PURPOSELY OR KNOWINGLY PLACING ANOTHER PERSON IN DANGER OF DEATH OR SERIOUS BODILY INJURY AND/OR WITH THE PURPOSE OF DESTROYING THE STRUCTURE OF ANOTHER, CONTRARY TO THE PROVISIONS OF N.J.S.A. 2C:17-1A(1) AND/OR (2), A CRIME OF THE SECOND DEGREE.

WITHIN THE JURISDICTION OF THIS COURT, DID HAVE IN HIS POSSESSION A FIREARM WITH A PURPOSE TO USE IT UNLAWFULLY AGAINST THE PERSON OF ANOTHER, TO WIT, KEITH CANEIRO AND/OR JENNIFER CANEIRO, CONTRARY TO THE PROVISIONS OF N.J.S.A. 2C:39-4A(1), A CRIME OF THE SECOND DEGREE.

WITHIN THE JURISDICTION OF THIS COURT, DID HAVE IN HIS POSSESSION A WEAPON, TO WIT, A KNIFE, WITH THE PURPOSE TO USE IT UNLAWFULLY AGAINST THE PERSON OF ANOTHER, TO WIT, JENNIFER CANEIRO AND/OR J.C. AND/OR S.C., CONTRARY TO THE PROVISIONS OF N.J.S.A. 2C:39-4D, A CRIME OF THE THIRD DEGREE.

Original Charge

4) **2C:11-3A(1)**5) **2C:17-1A(1)**6) **2C:39-4.1A**

Amended Charge

**COMPLAINT - WARRANT****Page 1 of 7**

NJ/CDR2 1/1/2017

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COURT CODE	PREFIX	YEAR	SEQUENCE NO.		

Original Charge	7) <b>2C: 39-4D</b>		
Amended Charge			

# COMPLAINT – WARRANT (Court Action)

<b>COMPLAINT NUMBER</b>				<b>STATE V.</b>
<b>1304</b>	<b>W</b>	<b>2018</b>	<b>000058</b>	
COURT CODE	PREFIX	YEAR	SEQUENCE NO.	

**PAUL J CANEIRO**

<b>FTA Bail Information</b>		Date Bail Set: _____	Amount Bail Set: \$ _____ by: _____	<input type="checkbox"/> Bail Recog. Attached
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Released on Bail (v)	R.O.R.	Committed Default	Committed w/o Bail	Place Committed: _____	Date Referred to County Prosecutor: _____
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Date of First Appearance: _____	<input type="checkbox"/> Advised of Rights by _____	Defendant Desires Counsel: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Prosecuting Attorney Information				Defense Counsel Information					
<b>Name:</b>				<b>Name:</b>					
State	County	Municipal	Other	None	Retained	Public Def	Assigned	Waived	Other

Original Charge	1) <b>2C:11-3A(1)</b>	2) <b>2C:11-3A(1)</b>	3) <b>2C:11-3A(1)</b>
Amended Charge			
Waiver Indt/Jury			
Plea/Date of Plea	Plea: _____ Date: _____	Plea: _____ Date: _____	Plea: _____ Date: _____
Adjudication (* see code)	Finding Code: _____ Date: _____	Finding Code: _____ Date: _____	Finding Code: _____ Date: _____
Jail Term	Jail time credit    Susp. Imp	Jail time credit    Susp. Imp	Jail time credit    Susp. Imp
Probation Term	Susp. Imp	Susp. Imp	Susp. Imp
Cond. Discharge Term			
Community Service			
D/L Suspension Term			
Fines/Costs	Fines: _____ Costs: _____	Fines: _____ Costs: _____	Fines: _____ Costs: _____
VCCB/SNSF	VCCB: _____ SNSF: _____	VCCB: _____ SNSF: _____	VCCB: _____ SNSF: _____
DEDR/Lab Fee	DEDR: _____ LAB: _____	DEDR: _____ LAB: _____	DEDR: _____ LAB: _____
CD Fee/Drug Ed Fnd	CD: _____ DAEF: _____	CD: _____ DAEF: _____	CD: _____ DAEF: _____
DV Surch/Other Fees	DV: _____ Other: _____	DV: _____ Other: _____	DV: _____ Other: _____
Restitution Beneficiary: _____			

**Miscellaneous Information, Adjournments, Companion Complaints, Co-Defendants, Case Notes:**

**Related Traffic Tickets and Complaints:**  
W-2018-00790-1337

- \* Finding Codes
- 1 – Guilty
  - 2 – Not Guilty
  - 3 – Dismissed – Other
  - 4 – Guilty but Merged
  - 5 – Dismissed-Rule
  - 6 – Dismissed Lack of Prosecution
  - 7 – Dismissed – Pros Motion/Vic Req
  - 8 – Conditional Discharge
  - D – Dismissed- Prosecutor Discretion
  - M – Dismissed- Mediation
  - P – Dismissed-Plea Agreement
  - S – Disposed at Superior
  - W – Dismissed-False ID

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<b>Name:</b>				<b>Name:</b>					
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Original Charge	4) <b>2C:11-3A(1)</b>	5) <b>2C:17-1A(1)</b>	6) <b>2C:39-4.1A</b>
Amended Charge			
Waiver Indt/Jury			
Plea/Date of Plea	Plea: _____ Date: _____	Plea: _____ Date: _____	Plea: _____ Date: _____
Adjudication (* see code)	Finding Code: _____ Date: _____	Finding Code: _____ Date: _____	Finding Code: _____ Date: _____
Jail Term	Jail time credit Susp. Imp	Jail time credit Susp. Imp	Jail time credit Susp. Imp
Probation Term	Susp. Imp	Susp. Imp	Susp. Imp
Cond. Discharge Term			
Community Service			
D/L Suspension Term			
Fines/Costs	Fines: _____ Costs: _____	Fines: _____ Costs: _____	Fines: _____ Costs: _____
VCCB/SNSF	VCCB: _____ SNSF: _____	VCCB: _____ SNSF: _____	VCCB: _____ SNSF: _____
DEDR/Lab Fee	DEDR: _____ LAB: _____	DEDR: _____ LAB: _____	DEDR: _____ LAB: _____
CD Fee/Drug Ed Fnd	CD: _____ DAEF: _____	CD: _____ DAEF: _____	CD: _____ DAEF: _____
DV Surch/Other Fees	DV: _____ Other: _____	DV: _____ Other: _____	DV: _____ Other: _____
Restitution Beneficiary: _____			

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Cond. Discharge Term					
Community Service					
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Fines/Costs	Fines: _____ Costs: _____	Fines: _____ Costs: _____	Fines: _____ Costs: _____		
VCCB/SNSF	VCCB: _____ SNSF: _____	VCCB: _____ SNSF: _____	VCCB: _____ SNSF: _____		
DEDR/Lab Fee	DEDR: _____ LAB: _____	DEDR: _____ LAB: _____	DEDR: _____ LAB: _____		
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