



Broward County Sheriff's Office

24-206 FG
Booking Report



CIS #	362400002	BCCN #	970082	Booking Sheet Control Date and Time	
OBTs	608299463	Print Clearance	01/05/24 19:59 31	Prints	Yes
				01/06/24 00:19:04	
Arrest #	WS 2400002	Offense Report #	08-2401-000428	Agency	WESTON

Last Name	CIOCON, JEREMY GALINDO				SSN #	██████████
First Middle						

Race	Sex	Height	Weight	Eyes	Hair	Comp.	Age Admitted	DOB	Place of Birth	State	FDLE
W	M	510	220	BRO	BLK	OLV	31	3/13/1992	MIAMI	FLORIDA	0

Permanent Address	812 CRESTVIEW CIR WESTON FL 33327	Months of Residence	0
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Arrest Date	01/05/24 17:16:00	Place of Arrest	2950 CLEVELAND CLINIC	Arresting Officer	18141 MOSES
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Inmate Logged Date	01/05/24 18 59 35	Inmate Log Type	FULL INTAKE	Place Admitted	MAIN
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Intake Comments SP/CO/29/54-18414 CH/54-18414 WC-20327

Alias Last name, First, Middle, DOB
 Warrants Officer Id bs20327
 Scars, Marks, Tattoos

Release Date/Time	Release Reason	Release Authorized By
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Charge No.	Charge Initiation Date	Statute	Warrant/Capias	Level	M.C	B. Type	Bond Amount
1	01/05/24 23:45	810.145-2(3)		3F	Y	HOLD FOR MAG	\$0.00
Charges VIDEO VOYEURISM 19 YOA OR OLDER 1ST OFF							
Comments							
Booking Off. ID bs11107		County		Judge			

Charge No.	Charge Initiation Date	Statute	Warrant/Capias	Level	M.C	B. Type	Bond Amount
2	01/05/24 23 45	810.145-2(3)		3F	Y	HOLD FOR MAG	\$0.00
Charges VIDEO VOYEURISM 19 YOA OR OLDER 1ST OFF							
Comments							
Booking Off. ID bs11107		County		Judge			

Charge No.	Charge Initiation Date	Statute	Warrant/Capias	Level	M.C	B. Type	Bond Amount
3	01/05/24 23 45	810.145-2(3)		3F	Y	HOLD FOR MAG	\$0.00
Charges VIDEO VOYEURISM 19 YOA OR OLDER 1ST OFF							
Comments							
Booking Off. ID bs11107		County		Judge			

Charge No.	Charge Initiation Date	Statute	Warrant/Capias	Level	M.C	B. Type	Bond Amount
4	01/05/24 23 46	810 145-2(3)		3F	Y	HOLD FOR MAG	\$0.00
Charges VIDEO VOYEURISM 19 YOA OR OLDER 1ST OFF							
Comments							
Booking Off. ID bs11107		County		Judge			

* End of Report *

COMPLAINT AFFIDAVIT
SHADED FIELDS MUST BE ANSWERED IF DEFENDANT NOT IN CUSTODY

ARREST FORM

BROWARD COUNTY

ARREST #

OBTS #

Filing Agency BROWARD COUNTY SO		Offense Report 08-2401-000428		Local ID.#	FDLE	FBI	SS#
Defendant's Last Name CIOCON			First JEREMY GALINDO	Middle SUF	Alias/Street Name		Citizenship US
Race W CTB	Sex M	Hgt 5'09	Wgt 230lb	Hair BROW	Eyes BROW	Comp MEDIU	Age 31
Permanent Address 812 CRESTVIEW CIR, WESTON, FL 33327		Scars, Marks, TT		Residence Type (1) City (2) County (3) Florida (4) Out of State 812 CRESTVIEW CIR, WESTON, FL 33327		Place of Employment CLEVELAND CLINIC,	
How long defendant in Broward County 31		Breathalyser By/CCN		Reading	Place of Arrest 2950 CLEVELAND CLINIC		Date/Time Arrested 01/05/2024 17:16
Officer Injured Y <input type="checkbox"/> N <input checked="" type="checkbox"/>		Unit PROP	Zone 0808	Beat	Shift	Trans Unit	PMD Y <input type="checkbox"/> N <input checked="" type="checkbox"/>
Transporting Officer/CCN		Pick-up Time		Time Arrived/BSO		Arresting Officer(s) CCN MOSES, MICHAEL (18141)	
TYPE / ACTIVITY: 1		Type N-N/A A-Amphetamine B-Barbiturate C-Cocaine	E-Heroin H-Hallucinogen M-Marijuana O-Opium/Deriv	P-Paraphernalia/ Equipment S-Synthetic U-Unknown Z-Other	Activity: N-N/A P-Possess S-Sell B-Buy	T-Traffic A-Smuggle D-Deliver E-Use	M-Manufacture/ Produce/Cultivate K-Dispense/ Distribute Z-Other
Indication of Alcohol Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Drug Influence <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Y <input type="checkbox"/> N <input checked="" type="checkbox"/> UK <input type="checkbox"/>			

Attach Defendant's Photo

Defendant's Vehicle Make	Type	Year	Color	VIN#
Vehicle Towed To: _____		Tag #	Other Identifiers or remarks: _____	

Name of victim(s) (if corporation, exact legal name and state of incorporation) State Of Florida			
Count #	Offenses Charged	WC# / Citation # (if applicable)	FS or Capias/Warrant #
1	SEX OFFENSE-VIDEO VOYEURISM 19 YOA OR OLDER 1ST OFF		810.145.23) CTB
1	SEX OFFENSE-VIDEO VOYEURISM 19 YOA OR OLDER 1ST OFF		810.145.23) CTB
1	SEX OFFENSE-VIDEO VOYEURISM 19 YOA OR OLDER 1ST OFF		810.145.23) CTB
1	SEX OFFENSE-VIDEO VOYEURISM 19 YOA OR OLDER 1ST OFF		810.145.23) CTB

Probable Cause Affidavit

Before me this date personally appeared MOSES, MICHAEL (18141) who being first duly sworn deposes and says that on 5 day of January, (year) 2024 at 2950 CLEVELAND CLINIC BLVD, WESTON, FL 33331 (crime location) the above named defendant committed the above offenses charged and the facts showing probable cause to believe the same are as follows

On 01/05/2024 at 1140 hours, at the location of 2950 Cleveland Clinic Blvd (Cleveland Clinic Hospital), Weston, located in Broward County, FL, the above-named defend intentionally used an imaging device (two Apple iPhones) to secretly record multiple victims for his own sexual arousal/gratification. The victims were thereby recorded at a time when they were privately exposing their bodies to go to the bathroom. At the place and time when the victims were recorded, they had a reasonable expectation of

*** Continued ***

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated therein are true and correct to the best of my knowledge and belief

Officer/Affiant's Signature: [Signature] Officer's Name/CCN: MOSES, MICHAEL (18141) Officer's Division: Weston

Sworn to (or affirmed) and subscribed before me this 5 day of January, 2024 (year), by MOSES, MICHAEL (name and title), who is personally known to me or has produced

as identification [Signature] Title/Rank and CCN D.S. 19918

Notary Public, Deputy Clerk of the Court, or Assistant State Attorney John S. Lee (SEAL)

Seventeenth Judicial Circuit
Broward County
State of Florida
FIRST APPEARANCE/ARREST FORM
(SHOULD ADDITIONAL SPACE BE NEEDED, USE THE PROBABLE CAUSE AFFIDAVIT CONTINUATION (BSO DB#2a))
BSO DB-#2 (Revised 05/00)

- Orig - Court
- 2nd - State Attorney
- 3rd - Filing Agency
- 4th - Arresting Agency

COURT COPY

SP/CO/29/54-18414 CH/54-18414 WC-20327

COMPLAINT AFFIDAVIT
PROBABLE CAUSE AFFIDAVIT CONTINUATION

ARREST FORM

BROWARD COUNTY

ARREST #

OBTS #

Filing Agency BROWARD COUNTY SO	Offense Report 08-2401-000428	Local ID #	FDLE	FBI	SSN
Defendant's Last Name CIOCON	First JEREMY GALINDO	Middle	SUF	Alias/Street Name	Citizenship US
Name of victim(s) (if corporation, exact legal name and state of incorporation)					
Count #	Offenses Charged	WC# / Citation # (if applicable)		FS or Capias/Warrant #	
	*** SEE PAGE 1 ***				

Probable Cause Affidavit

Before me this date personally appeared MOSES, MICHAEL (18141) who being first duly sworn deposes and says that on 5 day of January, (year) 2024 at 2950 CLEVELAND CLINIC BLVD, WESTON, FL 33331 (crime location) the above named defendant committed the above offenses charged and the facts showing probable cause to believe the same are as follows

privacy. The recording of the victims was without their knowledge and/or consent. At the time the defendant recorded the victims, the defendant was 19 years of age or older; to witt: Video Voyeurism.

On 01/05/2024, one victim utilized a restroom located within the Urology Department and found a cell phone that was actively recording her while she was urinating. The victim located the phone on a cart concealed behind a box of gloves. The cell phone camera was pointing directly towards the toilet/victim while recording. The victim took possession of the phone, stopped the recording and reviewed the footage. The victim confirmed the phone recorded her while urinating. The phone was turned over to Cleveland Clinic Security Officers. The above victim provided a digitally recorded sworn statement.

Note * - The defendant was actively employed as a Medical Assistant in the Urology Department of the Cleveland Clinic Hospital.

Cleveland Clinic Security Officers reviewed the above footage in the phone and confirmed multiple victims were recorded using the bathroom. Security Officers were able confirm the owner information stored within the phone was the defendant's. Security Officers contacted law enforcement who subsequently placed the defendant under arrest. Security Officers provided a digitally recorded sworn statement.

Detectives interviewed the defendant. Post Miranda, the defendant admitted to intentionally concealing his cell phone within the Urology restroom for the purpose of recording women going to the bathroom. The defendant admitted to doing so for his own
* * * Continued * * *

I swear the above statement is correct and true to the best of my knowledge and belief

[Signature] 18141 MOSES, MICHAEL (18141) Weston
Officer/Affiant's Signature Officer's Name/CCN Officer's Division

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 5 day of January, 2024 (year),
by MOSES, MICHAEL (name and title), who is personally known to me or has produced _____ as identification

[Signature] D.S. 19918
Notary Public, Deputy Clerk of the Court, or Assistant State Attorney Title/Rank and CCN

John S. Lee (SEAL)
Print, Type or Stamp Commissioned Name of Notary Public

COMPLAINT AFFIDAVIT
PROBABLE CAUSE AFFIDAVIT CONTINUATION

ARREST FORM

BROWARD COUNTY
ARREST #

OBTS #

Filing Agency BROWARD COUNTY SO	Offense Report 08-2401-000428	Local ID #	FDLE	FBI	SS#
Defendant's Last Name CIOCON	First JEREMY GALINDO	Middle	SUF	Alias/Street Name	Citizenship US
Name of victim(s) (if corporation, exact legal name and state of incorporation)					
Count #	Offenses Charged	WC# / Citation # (if applicable)		FS or Capias/Warrant #	
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Probable Cause Affidavit

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sexual gratification.

Note * - The defendant was in possession of two cell phones when taken into custody.

The defendant signed a consent to search form for his two cell phones. Detectives discovered three additional instances of the above crime in the same restroom on the following dates:

- 01/05/2024 at 1111 hours
- 01/02/2024 at 1527 hours
- 12/19/2023 at 1834 hours

The defendant admitted to intentionally concealing his cell phone within the same Urology restroom for the purpose of recording women going to the bathroom.

The defendant reviewed all four of the above videos with Detectives and confirmed he recorded them.

I swear the above statement is correct and true to the best of my knowledge and belief

[Signature]
Officer/Affiant's Signature

MOSES, MICHAEL (18141)
Officer's Name/CCN

Weston
Officer's Division

STATE OF FLORIDA
COUNTY OF BROWARD

Sworn to (or affirmed) and subscribed before me this 5 day of January, 2024 (year),
by MOSES, MICHAEL (name and title), who is personally known to me or has produced

as identification

[Signature]
Notary Public, Deputy Clerk of the Court, or Assistant State Attorney

D.S. 19918
Title/Rank and CCN

John S. Lee
Print, Type or Stamp Commissioned Name of Notary Public

(SEAL)

Seventeenth Judicial Circuit
Broward County
State of Florida

FIRST APPEARANCE/ARREST FORM

COURT COPY

BSO DB-#2a (Revised 05/00)

- Orig - Court
- 2nd - State Attorney
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- 4th - Arresting Agency