

**12**

**AUTOPSY REPORT**

No.

2019-04890

FORBES, ROXIE MIRABELLE

I performed an autopsy on the body of →

at the DEPARTMENT OF MEDICAL EXAMINER-CORONER

Los Angeles, California on JULY 3, 2019 1000 HOURS  
(Date) (Time)

From the anatomic findings and pertinent history I ascribe the death to:

(A) NEAR DROWNING  
 DUE TO OR AS A CONSEQUENCE OF

(B)  
 DUE TO OR AS A CONSEQUENCE OF

(C)  
 DUE TO OR AS A CONSEQUENCE OF

(D)  
 OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH

Unsteady gait and developmental coordination disorder

*Anatomic Summary:*

- I. 6-year-old female found face down in swimming pool status post cardiopulmonary resuscitation and hospitalization.
  - A. Evidence of medical intervention:
    - 1. Intravenous lines in place right groin.
    - 2. Various recent needle punctures, ecchymoses and petechial ecchymoses.
    - 3. Minor oral abrasions and ecchymoses consistent with endotracheal tube placement.
  - B. Lobar pneumonia with evidence of aspiration in setting of recent cardiopulmonary resuscitation and mechanical ventilation.
    - 1. Lung weight; right 233.94 grams and left 209.56 grams.
    - 2. Diffuse dense parenchyma with thick yellow mucus in bronchi.
    - 3. Histology consistent with lobar pneumonia with evidence of aspirated foreign elements in air spaces without foreign body reaction.
- II. Medical history of premature birth and common variable immunodeficiency disorder (CVID).
- III. See separate Microscopic Report.

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## CIRCUMSTANCES:

Please see Investigator's Report Form #3.

INJURY DATE: 6/28/2019.

HOSPITAL DATES: 6/28/2019 - 6/29/2019.

## EXTERNAL EXAMINATION:

The body is identified by toe tags and is that of an unembalmed, refrigerated, child female Caucasian who appears about the reported age of 6 years, date of birth is 12/4/2012. The body weighs 45 pounds. The body height is 41 inches.

The body appears normally developed for age and fairly well nourished. The skin demonstrates various small healing abrasions predominantly linear, present on the lower extremities and right wrist. The areas range in size from 1/8 of an inch up to 1-1/4 inches. Focally an ecchymosis is identified near an area of superficial healing abrasions on the back. Several small well healed scars are identified including the right lower abdomen, the posterior left lower extremity and under the chin. A distinct nevus is present on the midline of the back measuring 1/4 x 1/4 inch. Rigor is abolished and livor mortis is present in a posterior dependent distribution and blanches with light pressure.

The head has a normal configuration and is covered by blonde hair measuring 6 inches at the vertex. The facies appears normal with ears in a normal position with normal configuration and patent external canals. The eyes have a normal position and size. The lids are normally developed. Sclerae are clear without evidence of icterus or petechiae. The irides are blue in color. The nose has a normal position and shape. The nares and choanae are patent upon probing. Septum appears midline and intact. The mouth has a normal position and size. The mandible, lips, and frenulum appear normally developed. The tongue is appropriate in size without evidence of trauma. The palate upon palpation is normal and complete. Teeth are present within the mouth appropriate for age. The neck has a normal configuration without evidence of masses or

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asymmetry. The trachea appears midline and straight. The chest has a normal configuration with breast development that appears normal for age. The axillae are unremarkable without palpable masses. The abdomen has a normal configuration, and is flat without evidence of masses. The external genitalia are appropriate for a female child. The anus is patent with a normal position and without evidence of trauma or lesions. Examination of the back demonstrates a spine that is straight without defects. Extremities have a normal configuration and position. There appears to be a normal range of motion. There is no significant evidence of edema, cyanosis, or jaundice. Digits, nails, and palm creases appear normal.

**EVIDENCE OF EXTERNAL INJURIES:**

No other injuries than the minor abrasions of the extremities and back, previously described, are identified on examination

**INTERNAL EXAMINATION:**

<u>Weight (grams)</u>	<u>Organ</u>	<u>Expected for Age (grams)</u>
38.54	Thymus	N/A
233.94	Right lung	178.7+/-27.7
209.56	Left lung	169.7+/-29.2
83.36	Heart	96.9+/-6.6
450.00	Liver	618.7+/-61.8
38.27	Spleen	67.2+/-10.7
45.63	Right kidney	62.3+/-7.4
45.77	Left kidney	64.2+/-7.6
1225.00	Brain	1263.0+/-48.7

**INITIAL INCISION:**

The body cavities are entered through the standard coronal incision and the standard "Y" shaped incision. No foreign material is present in the mouth, upper airway or trachea.

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## EVIDENCE OF INTERNAL INJURIES:

No evidence of internal traumatic injuries are identified.

## NECK:

The neck organs are removed en bloc with the tongue. No lesions are present. There is no edema of the larynx. Both hyoid bone and larynx are intact and without fractures. No hemorrhage is present in the adjacent throat organs, investing fascia, strap muscles, thyroid or visceral fascia. There are no prevertebral fascial hemorrhages. The tongue when sectioned shows no trauma.

## CHEST/ABDOMINAL CAVITY:

The peritoneum demonstrates a normal arrangement of organs. There are no adhesions and approximately 100 cc of serous fluid is present. Examination of the pleural cavities demonstrates no evidence of pneumothorax. There is no evidence of adhesions and the pleural surfaces are smooth and glistening. The organs have normal relations. The right pleural cavity contains approximately 50 cc and the left pleural cavity contains approximately 75 cc of serous fluid. The mediastinum has a normal configuration and no evidence of mass lesions. The pericardial sac has smooth glistening surface and contains approximately 5 cc of serous fluid.

## CARDIOVASCULAR SYSTEM:

The aortic arch has a normal configuration and position with a normal distribution of branches. The descending aorta is unremarkable with a normal distribution of branches. Upon opening the intima is smooth and unremarkable. Superior vena cava and its branches demonstrate no anomalies and are normal in size. The inferior vena cava demonstrates no anomalies and is normal in size.

The heart weighs 83.36 grams with a normal size and configuration. The epicardium is smooth and unremarkable. The great vessel origins are normal in configuration. The superior vena cava,

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inferior vena cava, and coronary sinus enter into the right atrium with normal configuration. The foramen ovale is closed and there is no evidence of atrial septum defect. The auricular appendage appears normal for the right atrium. The tricuspid valve measures 7.2 cm in circumference and is normal in appearance. The right ventricle has a normal size and appearance with the wall measuring 0.3 cm in thickness. The myocardium and endocardium are unremarkable. The pulmonic valve has three thin cusps that appear normal and measures 4.0 cm in circumference. The pulmonary artery has a normal size and distribution of vessels. The ductus arteriosus is obliterated. Pulmonary veins have a normal course to the left atrium. The left atrium has a normal size and configuration. The auricular appendage is appropriate for the left atrium. The endocardium is unremarkable. The mitral valve measures 5.5 cm in circumference and is comprised of thin leaflets with unremarkable chordae tendineae. The left ventricle has a normal size and configuration with a wall measuring 1.0 cm in thickness. The myocardium, endocardium and papillary muscles are unremarkable. The ventricular septum measures 0.7 cm in thickness. Evaluation of the ventricular septum demonstrates a thin, redundant membrane just below the aortic and pulmonary valves in the membranous ventricular wall. This lesion measures 0.5 x 1.0 cm. No patent defect is identified. There is no other intraventricular septal defect identified. The aortic valve measures 3.0 cm in circumference and consists of three thin cusps. The coronary arteries and ostia appear to have a normal course and origin.

**RESPIRATORY SYSTEM:**

The trachea is midline and straight. Upon opening the mucosa is tan-brown and unremarkable. There is a scant amount of brown gastric material present in the lumen. The cartilage rings and configuration of the carina are unremarkable. There is normal expansion of the lungs in the pleural cavities. The right lung weighs 233.94 grams and the left lung 209.56 grams. The right lung is comprised of three lobes and the left lobe is comprised of two. The visceral pleural surface is smooth and glistening. Upon sectioning thick yellow mucus extends from the bronchi into the bronchus. The intrapulmonic vessels are unremarkable. Lymph nodes

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MAY 10 2019  
MIRABELLE

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are unremarkable. The parenchyma appears uniformly dense and red-purple in color, without discrete lesions.

**GASTROINTESTINAL SYSTEM:**

The esophagus is intact throughout with a normal course and without evidence of fistulas. The mucosa is tan-gray and without lesions. The stomach has a normal position, and does not appear distended. The wall is of normal thickness and the mucosa is tan-brown and unremarkable. The pylorus is patent without evidence of stenosis. The stomach contains approximately 30 cc of soft brown material without distinguishable food elements seen. There is no evidence of pills or capsules within the gastric contents. The small intestine and colon are opened along the anti-mesenteric border revealing soft brown material to formed stools in the rectum. The rotation and configuration of the jejunum and ileum appear normal. There is no evidence of obstruction, perforations or adhesions. The appendix is present in the right lower quadrant of the peritoneal cavity. The colon has a normal rotation and fixation. The wall and mucosal thickness is normal. The rectum and anus demonstrate no anomalies.

**HEPATOBIILIARY SYSTEM:**

The liver weighs 450 grams, and has a normal shape and positioning within the peritoneal cavity. The external surface is smooth and glistening. Upon sectioning the liver is tan-brown with a normal lobular pattern. The parenchyma is soft. The gallbladder is present with normal distribution of extrahepatic ducts. Upon opening there is approximately 10 cc of green bile without the presence of stones.

The pancreas occupies a normal position. It is tan-yellow and lobular. Pancreatic ducts are not ectatic and there is no evidence of parenchymal calcifications.

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## URINARY SYSTEM:

The left kidney weighs 45.77 grams and the right kidney weighs 45.63 grams. They have a normal position within the peritoneum. The capsules are unremarkable with underlying smooth surfaces. Upon sectioning the corticomedullary demarcation is preserved. The ureters have a normal number and course, without evidence of dilatation. The bladder appears normal in size and configuration. Upon opening it has a normal wall thickness with tan normal appearing mucosal folds. It contains approximately 2 cc of yellow clear urine.

## GENITAL SYSTEM (FEMALE):

The genitalia appear normal for a female child. The vagina is unremarkable. The uterus is small, symmetrical and normal in shape. Bilateral tubes and ovaries are present. There is no evidence of follicular cysts.

## HEMOLYMPHATIC SYSTEM:

The singular spleen weighs 38.27 grams and appears to be of average size. The capsule is intact and smooth and the parenchyma is dark red, purple and soft. Lymph nodes throughout the body are small and inconspicuous. The bone is not remarkable. The bone marrow of the rib is red and moist.

## ENDOCRINE SYSTEM:

The thyroid appears unremarkable. The adrenals are unremarkable. The pituitary gland is of normal size. The thymus is present and weighs 38.54 grams. It is lobular tan-pink with an area of contusion on the posterior surface identified.

## SPECIAL SENSES:

The eyes are not dissected. The middle and inner ear are not dissected.

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Page 8**HEAD AND CENTRAL NERVOUS SYSTEM:**

There is no subcutaneous or subgaleal hemorrhage in the scalp. The external periosteum and dura mater are stripped showing no fractures of the calvarium or base of the skull. There are no tears of the dura mater. There is no epidural, subdural or subarachnoid hemorrhage.

The brain weighs 1225 grams. The leptomeninges are thin and transparent. A slight flattening of the convolutionary pattern is observed. The brain has a uniform soft consistency. Coronal sectioning demonstrates a uniformity of cortical gray thickness. The cerebral hemispheres are symmetrical. There is no discoloration or hemorrhage of the white matter. The basal ganglia are intact. Anatomic landmarks are preserved. Cerebral contusions are not present. The ventricular system is symmetrical without dilatation or distortion. Pons, medulla and cerebellum are unremarkable. There is no evidence of uncal or cerebellar herniation. Vessels at the base of the brain have a normal pattern of distribution. There are no aneurysms. The cranial nerves are intact, symmetrical, and normal in size, location and course. The cerebral arteries are unremarkable.

**SPINAL CORD:**

The spinal cord is not dissected.

**HISTOLOGIC SECTIONS:**

Representative sections from various organs are preserved in two storage jars in 10% formalin. Sections of the heart, lungs, kidneys, thymus, liver, pancreas and spleen are submitted for slides.

The slide key is:

1. Heart left and right ventricle.
2. Lung right upper lobe.
3. Lung right middle lobe.



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4. Lung right lower lobe.
5. Lung left upper lobe.
6. Lung left lower lobe.
7. Kidney and thymus.
8. Liver, pancreas and spleen.

## TOXICOLOGY:

Bile, blood, liver tissue, stomach contents, urine, vitreous humor, and a typing specimen have been submitted to the lab. No screen was requested.

## PHOTOGRAPHY:

Photographs have been taken prior to and during the course of the autopsy.

## RADIOLOGY:

The body is fluoroscoped and x-rays are taken of the entire body. No obvious signs of trauma are identified.

## WITNESSES:

Detective S. Lawler of the Los Angeles Sheriff's Department witnessed the autopsy.

## DIAGRAMS USED:

Diagram Form #20 was used during the performance of the autopsy. The diagrams are not intended to be facsimiles nor are they drawn to scale.

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OPINION:

This 6-year-old girl died due to near drowning.

By report, the decedent was found face down in a swimming pool at a day camp. Exact time frame from when the girl was last seen on the pool steps to when she was recovered from the water varies by report. According to medical records, she was in asystole when emergency medical services arrived and required cardiopulmonary resuscitation for 20-40 minutes with epinephrine before she was stabilized. She required intubation with mechanical ventilation at the hospital and was transferred to a second hospital for higher level of care. Upon arrival at the second hospital her physical examination noted dilated fixed pupils and loss of a gag reflex. Given her neurological examination and poor prognosis the family elected to withdraw care approximately 1 day after initial admission to the hospital. According to medical records and investigational reports, she was known to have an unsteady gait, a developmental coordination disorder and was not a strong swimmer despite recent swim lessons.

At autopsy examination, the lungs were heavy bilaterally with dense uniform parenchyma seen on sectioning. Histologic examination of the lungs demonstrated diffuse lobar pneumonia with evidence of aspiration, most likely subsequent to the recent resuscitation and mechanical ventilation. The brain demonstrated a slight flattening of the convolutionary pattern and was diffusely softened.

Given the examination, history and circumstances, as currently known, the manner of death is accident.

*Julie Bawab*  
JULIE HUSS-BAWAB, M.D.  
ASSOCIATE DEPUTY MEDICAL EXAMINER

7/26/2019  
DATE

JHB/JMC:bbtt/mp  
D:07/03/19; T:07/08/19

This is a true and correct copy of the record  
of the above case as shown to me by the  
Medical Examiner's Office on 7/26/2019  
at Los Angeles, California  
JULIE HUSS-BAWAB, M.D.  
ASSOCIATE DEPUTY MEDICAL EXAMINER

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FORBES, ROXIE

ACC

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EXTERNAL EXAM

Sex Female
Race Caucasian
Age ca
Height 41"
Weight 45 lbs
Hair Blonde
Eyes Blue
Sclera No icterus, No petechial
Teeth Present
Mouth minor abrasions on lips
Tongue No trauma
Nose No secretions
Chest Petechial ecchymoses
Breasts Appropriate for age
Abdomen flat
Scar see form 20
Genitals Atraumatic
Edema
Skin See form 20
Decubitus

HEART WL 83.36

Pericardium unremarkable RV 0.3
Septum 0.7
Dilation
Muscle No lesions Septum Mem defect
Valves clean T2.2 P4.0 M5.5 A3.0
Coronaries normal course

AORTA clean, normal distribution

VESSELS

LUNGS WL

R 233.94
L 209.56
Adhesions
Fluid R 50 L 75 serous
Atelectasis dense parenchyma
Oedema
Congestion
Consolidation No distinct lesions
Bronchi Thick yellow mucus
Nodes unremarkable Lower > Upper

PHARYNX No obstruction

TRACHEA Gastric contents

THYROID unremarkable

THYMUS 38.54, post contusion

LARYNX No trauma

HYOID

ABDOMINAL WALL FAT 1/2"

PERITONEUM Normal sites

Fluid ~100 serous

Adhesions

LIVER WL 450g

Capsule Smooth
Lobules Normal lobular pattern
Fibros Soft
GB ~10 cc
Calculus
Bile ducts

SPLEEN WL 38.27

Color Red/purple
Consistency Soft
Capsule Smooth
Malpighian Prominent capsules

PANCREAS Yellow-tan, lobular

ADRENALS unremarkable

KIDNEYS WL

R 45.63
L 45.77
Capsule Smooth
Cortex well demarcated
Vessels
Pelvis No dilatation
Ureters

BLADDER ~2cc yellow urine

GENITALIA

Prostate
Testes
Uterus Present appropriate for age
Tubes
Ovaries

OESOPHAGUS intact

STOMACH

Contents ~30cc soft brown material

DUOD. & SM. INT.

APPENDIX Present

LARGE INT. Dense stool in rectum.

ABDOM. NODES unremarkable

SKELETON

Spine straight
Marrow
Rib Cage No apparent gross fractures
Long bones
Pelvis

SCALP No hemorrhage

CALVARIUM No fractures

BRAIN WL 1225

Dura No hemorrhage
Fluid
Ventricles No contusions
Vessels Soft, edematous
Middle ears No sig.
Other

PITUITARY

Fills sella turcica

SPINAL CORD

Not examined

TOXICOLOGY SPECIMENS

Heart blood, Typing blood,
Femoral blood, Vitreous,
Liver, bile, Gastric contents

SECTIONS FOR STOCK JAR X2

HISTOPATHOLOGY

1 Heart 2-lc. Lungs
2 Kidneys, thymus
8. Liver, Pancreas, Spleen

MICROBIOLOGY

DIAGRAMS 20

X-RAYS 9

OTHER PROCEDURES

Autopsy Photography
during examination

GROSS IMPRESSIONS

Date

7/3/2019

Time

1000

Deputy Medical Examiner

John Barb

20

Female child

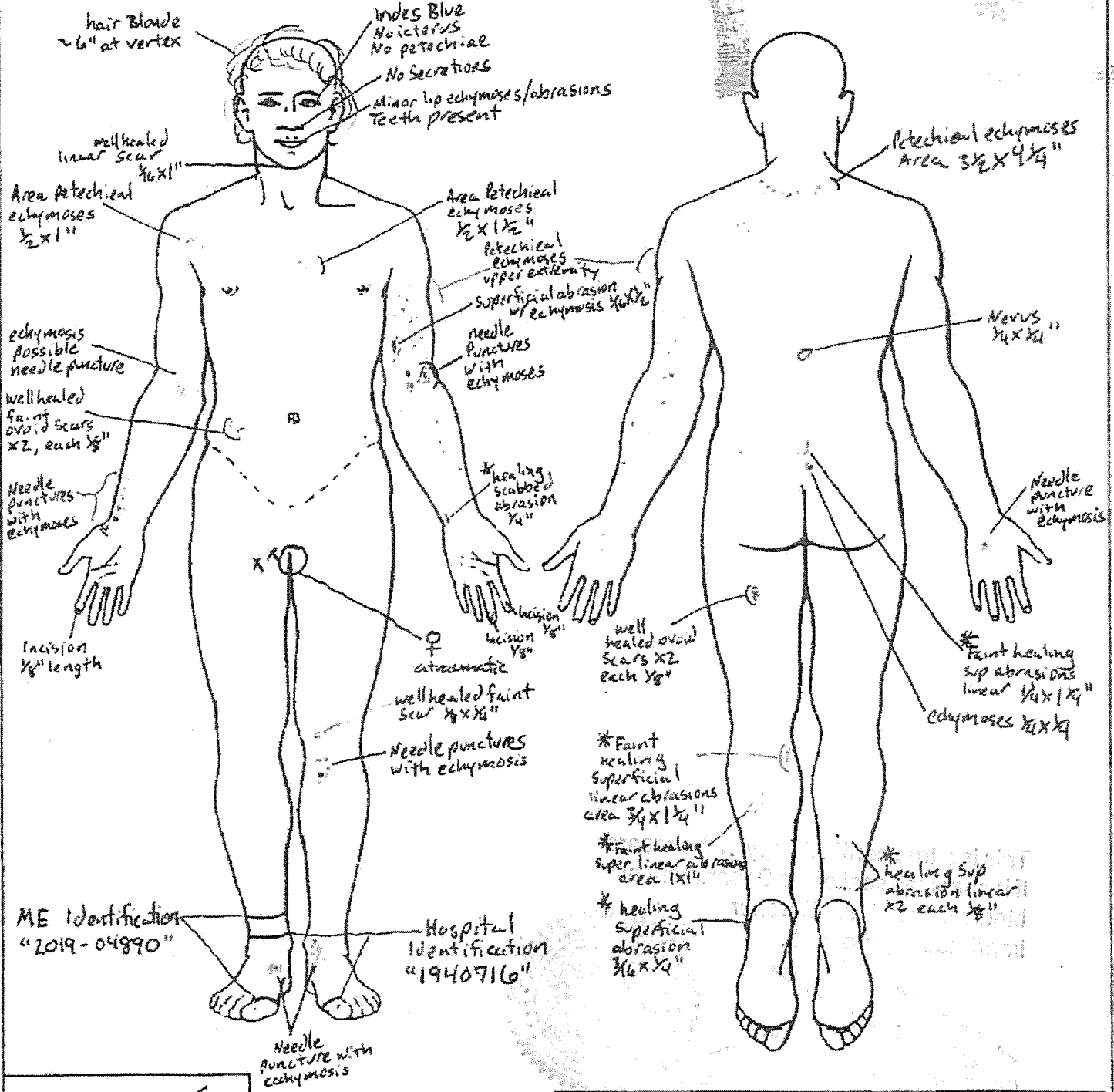
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ACC

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X = Intravenous line  
\* = photo



JHB  
Right Thumbprint

Livor = Post dependent  
Blanches with pressure  
Rigor = Absent

Date 7/3/2019

*Julie Bomb*  
Deputy Medical Examiner M.D.

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AUTOPSY CLASS:  A  B  C  Examination Only D

FAMILY OBJECTION TO AUTOPSY

Date: 7/3/19 Time: 1000 Dr. Bawab  
(Print)

FINAL ON: 8/6/2019 By: Bawab  
(Print)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

2019-04890

FORDES, ROZ IE

ACC

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DEATH WAS CAUSED BY: (Enter only one cause per line for A, B, C, and D)

IMMEDIATE CAUSE:

(A) NEAR DROWNING

DUE TO, OR AS A CONSEQUENCE OF:

(B)

DUE TO, OR AS A CONSEQUENCE OF:

(C)

DUE TO, OR AS A CONSEQUENCE OF:

(D)

Hours

Age: 6 Gender: ~~Male~~  Female

PRIOR EXAMINATION REVIEW BY DME

BODY TAG  CLOTHING  
 X-RAY (No. 9)  FLUORO  
 SPECIAL PROCESSING TAG  MED. RECORDS  
 AT SCENE PHOTOS (No. 5)

CASE CIRCUMSTANCES

EMBALMED  
 DECOMPOSED  
 >24 HRS IN HOSPITAL  
 OTHER: \_\_\_\_\_ (Reason)

TYPING SPECIMEN

TYPING SPECIMEN TAKEN BY: Bawab  
SOURCE: Heart blood

TOXICOLOGY SPECIMEN

COLLECTED BY: Bawab  
 HEART BLOOD  STOMACH CONTENTS  
 FEMORAL BLOOD  VITREOUS  
TECHNIQUE Internal  
 \_\_\_\_\_ BLOOD  SPLEEN  
 \_\_\_\_\_ BLOOD  KIDNEY  
 BILE  \_\_\_\_\_  
 LIVER  \_\_\_\_\_  
 URINE  \_\_\_\_\_

URINE GLUCOSE DIPSTICK RESULT: 4+ 3+ 2+ 1+ 0  
TOX SPECIMEN RECONCILIATION BY: TAC

HISTOLOGY

Regular (No. 2)  Oversize (No. \_\_\_\_\_)  
Histopath Cut:  Autopsy  Lab

TOXICOLOGY REQUESTS

FORM 3A:  YES  NO  
 NO TOXICOLOGY REQUESTED  
SCREEN  C  H  T  S  D  
 ALCOHOL ONLY  
 CARBON MONOXIDE  
 OTHER (Specify drug and tissue)

REQUESTED MATERIAL ON PENDING CASES

POLICE REPORT  MED HISTORY  
 TOX FOR COD  HISTOLOGY  
 TOX FOR R/O  INVESTIGATIONS  
 MICROBIOLOGY  EYE PATH. CONS.  
 RADIOLOGY CONS.  
 CONSULT ON: \_\_\_\_\_  
 BRAIN SUBMITTED  
 NEURO CONSULT  DME TO CUT  
 CRIMINALISTICS  
 GSR  SEXUAL ASSAULT  OTHER

OTHER CONDITIONS CONTRIBUTING BUT NOT RELATED TO THE IMMEDIATE CAUSE OF DEATH:

Unsteady Gait and Developmental Coordination Disorder

NATURAL  SUICIDE  HOMICIDE

ACCIDENT  COULD NOT BE DETERMINED

If other than natural causes, HOW DID INJURY OCCUR? FACE DOWN IN SWIMMING POOL

WAS OPERATION PERFORMED FOR ANY CONDITION STATED ABOVE:  YES  NO

TYPE OF SURGERY: \_\_\_\_\_ DATE: \_\_\_\_\_

ORGAN PROCUREMENT  TECHNICIAN: NGAYAN

PREGNANCY IN LAST YEAR  YES  NO  UNK  NOT APPLICABLE

WITNESS TO AUTOPSY  EVIDENCE RECOVERED AT AUTOPSY  
Item Description:

Detective S. Lawler  
LASD

RESIDENT

Julie Bawab  
DME Julie Huss-Bawab M.D.

A Bawab

COUNTY OF LOS ANGELES

CASE REPORT

DEPARTMENT OF CORONER

1	APPARENT MODE <b>ACCIDENT</b>	CASE NO 2019-04890
	SPECIAL CIRCUMSTANCES Media Interest	CRYPT 10

LAST, FIRST MIDDLE <b>FORBES, ROXIE MIRABELLE</b>	AKA	#
------------------------------------------------------	-----	---

ADDRESS <b>1644 KAWEAH DRIVE</b>	CITY <b>PASADENA</b>	STATE <b>CA</b>	ZIP <b>91105</b>
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SEX FEMALE	RACE APPEARS CAUCASIAN	DOB 12/4/2012	AGE 6	HGT 41 in	WGT 45 lbs	EYES BLUE	HAIR BLOND	TEETH ALL NATURAL TEETH	FACIAL HAIR NONE	ID VIEW Yes	CONDITION FAIR
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MARK TYPE	MARK LOCATION	MARK DESCRIPTION NONE SEEN
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NOK <b>DOUGLAS FORBES</b>	ADDRESS 448 LAGUNA RD	CITY PASADENA	STATE CA	ZIP 91105
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RELATIONSHIP FATHER	PHONE (323) 333-0384	NOTIFIED BY	DATE 6/29/2019	TIME 14:35
------------------------	-------------------------	-------------	-------------------	---------------

SSN	DL ID	STATE	PENDING BY
-----	-------	-------	------------

ID METHOD BODY VIEWED AT HOSPITAL
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LA #	MAIN #	CH #	FBI #	MILITARY #	POB
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IDENTIFIED BY NAME (PRINT) DOUGLAS FORBES	RELATIONSHIP FATHER	PHONE (323) 333-0384	DATE 6/29/2019	TIME 14:35
----------------------------------------------	------------------------	-------------------------	-------------------	---------------

PLACE OF DEATH / PLACE FOUND HOSPITAL CHILDRENS HOSPITAL OF L.A.	ADDRESS OR LOCATION 4650 SUNSET BLVD	CITY LOS ANGELES	ZIP 90028
------------------------------------------------------------------------	-----------------------------------------	---------------------	--------------

PLACE OF INJURY SWIMMING POOL	AT WORK No	DATE 6/28/2019	TIME 09:42	LOCATION OR ADDRESS 3697 FAIR OAKS AVENUE, ALTADENA, CA	ZIP 91001
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DDO 6/29/2019	TIME 14:35	FOUND OR PRONOUNCED BY DR. F. BELTRAMO
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OTHER AGENCY INV. OFFICER LASD HOMICIDE - DETS. LAWLER AND BLAGG	PHONE (323) 890-5500	REPORT NO. 019-01932-0771-496	NOTIFIED BY	#	NO
---------------------------------------------------------------------	-------------------------	----------------------------------	-------------	---	----

TRANSPORTED BY STEVEN LOPEZ	TO LOS ANGELES FSC	DATE 7/1/2019	TIME 13:17
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FINGERPRINTS?	No	CLOTHING	No	PARPT	No	MORTUARY	
MED. EV.	No	INVEST. PHOTO #	5	SEAL TYPE		HOSP RPT	Yes
PHYS. EV.	No	EVIDENCE LOG	No	PROPERTY?	No	HOSP CHART	No
SUICIDE NOTE	No	GSR NO		RCPT NO.	310674	PF NO	1940716

SYNOPSIS  
 +-LASD HOMICIDE DETECTIVES LAWLER AND BLAGG REQUEST 2-HOUR POST NOTIFICATION. CONFIDENTIAL CONTACT INFORMATION IS IN CASE NOTES+- ACCORDING TO THE REPORTED INFORMATION, ON 6/29/19 AT APPROX. 0942 HRS THE CHILD WAS AT SUMMER DAY CAMP IN THE SWIMMING POOL WHEN SHE WAS FOUND FLOATING FACE DOWN IN THE WATER. UNKNOWN DOWNTIME. CPR STARTED. ROSC AFTER 20 MINS. TRANSPORTED TO HUNTINGTON MEMORIAL THEN TRANSFERRED TO CHILDREN'S HOSPITAL LOS ANGELES ON SAME DAY, ARRIVING AT 1248 HRS. ON HIGH VENTILATOR SETTINGS AND INOTROPES. NEUROLOGICALLY DEVASTATED. FAMILY DECIDED TO WITHDRAW SUPPORT. DR. F. BELTRAMO PRONOUNCED DEATH ON 6/29/19 AT 1435 HRS.

KIMBERLEY ARNOLD 498313	<i>Kimberley Arnold</i>	INVESTIGATOR	DATE 7/3/2019	REVIEWED BY <i>[Signature]</i>	DATE 7/3/19
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FORM #3 NARRATIVE TO FOLLOW?

SEARCHED INDEXED SERIALIZED FILED  
 JUL 3 2019  
 LOS ANGELES COUNTY SHERIFF'S OFFICE



County of Los Angeles, Department of Coroner  
Investigator's Narrative



Case Number: 2019-04890

Decedent: FORBES, ROXIE MIRABELLE

**Information Sources:**

Children's Hospital Los Angeles, (323) 323) 660-2450, Medical record #1940716

LASD Homicide Detective Lawler #473019, (323) 890-5500, File #019-01932-0771-496

Douglas Forbes – Roxie's father (323) 333-0384

**Investigation:**

Forensic Attendant Steven Lopez picked-up Roxie Forbes from Children's Hospital Los Angeles on 7/1/19, arrived at the Department of Medical Examiner-Coroner at 1317 hours. No medical records were given to Forensic Attendant Steven Lopez.

On 7/2/19 at 1629 hours I faxed a medical record request to Children's Hospital Los Angeles.

On 7/2/19 at 1704 hours I faxed a medical record request to Huntington Hospital.

Email to Douglas Forbes and other parents: "We want to inform you about a serious incident that happened at camp this morning. One of our campers had to be taken by ambulance to Huntington Hospital after an incident in the pool.

This is what happened.

Approximately 30 children and 4 Red Cross-certified lifeguards were at the pool.

The children were all in their designated spots: steps, shallow end or the deep end. The lifeguards were in their positions: the chair, the steps, and on the sides of the pool.

The counselor in the shallow end of the pool had just spoken to the child involved, who was in the steps area.

Approximately 10 to 15 seconds later one of our counselors spotted her floating on the surface of the water near the steps. A lifeguard grabbed her and started CPR, while another called 911. We also used our camp Automated External Defibrillator (AED).

Paramedics arrived quickly and transported the camper to Huntington Hospital.

At this time we do not have an update on the child involved. We have been to the hospital. Her parents are with her. We ask you to pray for the family.

--The DiMassa Family"

**Location:**

Injury: Summerkids Camp – 3697 Fair Oaks Ave, Altadena, CA 91001

Death: Children's Hospital Los Angeles – 4650 Sunset Blvd, Los Angeles, CA 90048

**Informant/Witness Statements:**

According to the Form 18 filled out by Dr. F. Beltramo, Roxie Forbes was transferred from Huntington Hospital to Children's Hospital Los Angeles on 6/28/19 at 1248 hours. Clinical history: Six year old female with primary medical history of severe combined immune deficiency who was found in the pool facing down for unknown time. Asystolic in the scene, had return of spontaneous circulation after 20 minutes of CPR. Transferred to Children's Hospital Los Angeles Pediatric Intensive Care Unit. Since admission to CHLA on high ventilator settings and inotropes. Neurologically devastated. Family decided to withdraw support. Dr. F. Beltramo pronounced death on 6/29/19 at 1435 hours. Cause of death: hypoxic-ischemic encephalopathy secondary to near drowning.

*[Handwritten signature]*



County of Los Angeles, Department of Coroner  
Investigator's Narrative



Case Number: 2019-04890

Decedent: FORBES, ROXIE MIRABELLE

I spoke with Detective Lawler via telephone. He told me Roxie Forbes, age 6, was at Summerkids Camp of 3697 Fair Oaks Avenue, Altadena, on Friday, 6/28/19. It is a day camp; Roxie was scheduled to be there for 8 weeks (weekdays from 8AM-3PM). 6/28/19 was the end of the 2<sup>nd</sup> week. The camp does not provide swim lessons or classes. Roxie had been in this pool prior. On 6/28/19 there were approximately 30 children in the pool, the capacity is 70. There were around 5-6 children in the deep end. There are 3 sections to the pool – deep, shallow, and steps area (can be up to 3 feet). There were 4 lifeguards on duty – one out of the water at the deep end, one out of the water at the shallow end, one in the water at the steps end, and one in charge, paying close attention where Roxie was at the steps end. Roxie was not a strong swimmer. The incident occurred at approximately 0942 hours. The person watching the steps end was distracted, their attention diverted to other children and a crying child. A counselor leading a different group outside of the pool area noticed Roxie floating face down in the pool. The counselor yelled out to the head lifeguard who then yelled out to the lifeguard in the water. Roxie was pulled from the water and CPR was performed. During CPR (chest compressions and rescue breathing) vomit exited her nose and mouth. LACOFD Engine 82 responded and transported Roxie to Huntington Hospital. Then she was transferred to Children's Hospital Los Angeles. Death was pronounced on 6/29/19 at 1435 hours. Medical history of CVID (Common Variable Immunodeficiency). Prescribed Hizentra, Budesonide, and albuterol, not kept with her at camp. Also had gross motor skill deficiencies.

I spoke with Douglas Forbes via telephone. He told me Roxie was born at Huntington Hospital on 12/4/12, weighing 3-4lbs. She was born 7 weeks early due to placental abruption, she was a vaginal delivery. Expected due date was around 1/12/13. She was able to breathe on her own. Roxie was born with VSD (Ventricular Septal Defect) which closed and became a non-issue. Roxie stayed at Huntington Hospital for several weeks until she went home around January 11 or 12<sup>th</sup>. Her doctors practice at Children's Hospital Los Angeles, Immunologist Dr. Joseph Church; Cardiologist Lennis Burke, and Dr. Perez. Roxie had several episodes of pneumonia then was diagnosed with CVID in 2016. She has undergone weekly adult antibiotic infusions. Prescribed albuterol, Budesonide, and Hizentra. Recently started on hypertonic saline. Roxie had a normal bronchoscopy 4-5 weeks ago. Used a nebulizer daily and was prescribed an oscillation vest. She was doing well and Dr. Burke was pleased with her medical progress. Roxie had been attending school. While at Children's Hospital Los Angeles, after the pool incident, her heart showed no signs of stress on the echocardiogram (per Dr. Burke). Roxie's usual doctors were able to follow her care (post incident) and indicated there appeared to be no evidence of medical problem(s) that would have caused a terminal episode while in the water.

This was Roxie's first year at Summerkids Camp and her second week there. Staff was aware of her CVID condition, gross motor skills delay, that she was not water safe. Roxie was receiving private swim lessons (not affiliated with the camp), and could not swim on her own. She has had no prior near drowning. No health complaints on 6/28/19. Roxie underwent a skills swim test so staff was aware she was not water safe. She was not required to be water safe in order to be in the pool. She was supposed to be monitored at the steps which are approximately 1.5ft to 2ft of water. She does not wear a flotation device. Staff promised she would be monitored.

Roxie was dropped off at Summerkids Camp on 6/28/19 at 0900 hours. Each day the 4-5-6-year-olds go in the pool as a group and only half of the pool is utilized. There were approximately 30 kids in the pool. There were 4 lifeguards and supplemental counselors on duty. A staff member walked away from the steps area then 10-15 seconds later found Roxie floating face down on the surface of the water. Unknown how long she was floating in the water before she was discovered. At 0945 hours family received a phone call from staff that she had been found floating in the pool.

**Scene Description:**

Death occurred at a hospital. Coroner scene investigation not required at this time.

ko





County of Los Angeles, Department of Coroner  
Investigator's Narrative



Case Number: 2019-04890

Decedent: FORBES, ROXIE MIRABELLE

**Evidence:**

There is no medical or physical evidence to collect.

**Body Examination:**

Roxie has blond hair, blue eyes, and natural teeth. A cervical collar, right femoral line, and disposable diaper are in place. No scars, tattoos, or obvious signs of trauma were observed. A right ankle hospital ID has name Forbes, Roxie 12/4/2012.

**Identification:**

Identified as Roxie Mirabelle Forbes 12/4/2012 by father Douglas Forbes on 6/29/19 at 1435 hours.

**Next of Kin Notification:**

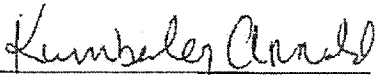
I spoke with father Douglas Forbes via telephone, he was present when Roxie died.


**Tissue Donation:**

Unknown if family was approached.

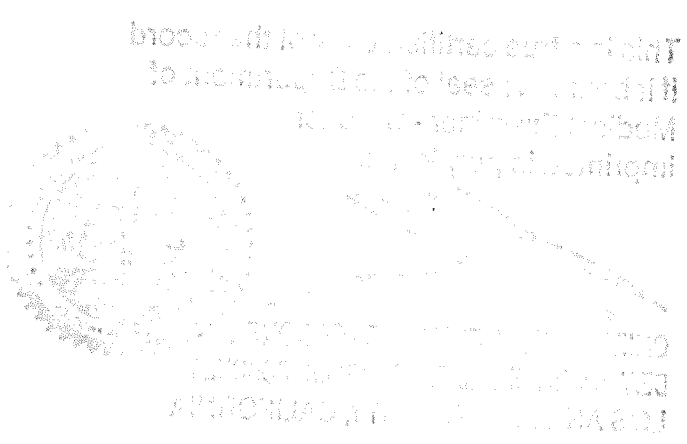
**Autopsy Notification:**

LASD Homicide Detectives Lawler and Blagg request 2-hour post notification. Confidential contact information is in case notes.

  
\_\_\_\_\_  
INV. KIMBERLEY ARNOLD #498313

  
\_\_\_\_\_  
LT. LARRY DIETZ

7/3/2019  
\_\_\_\_\_  
Date of Report



**14****MICROSCOPIC REPORT**

On, July 18, 2019 I performed a microscopic examination  
of the histology slides pertaining to case →  
at the DEPARTMENT OF MEDICAL EXAMINER-CORONER  
Los Angeles, California

No.

2019-04890

FORBES, ROXIE MIRABELLE

**Diagnoses:**

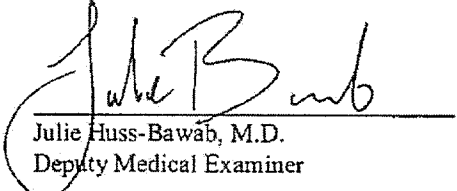
Lobar pneumonia, diffuse, with evidence of aspiration in the setting of  
cardiopulmonary resuscitation and mechanical ventilation

**Microscopic description:**

1. Heart: Histologic sections demonstrate no significant inflammation or interstitial fibrosis.
- 2-6. Lungs: Histologic sections from each lobe demonstrate similar findings. The overall architecture appears appropriate in configuration and development for age. Bronchioles have lumens filled with admixed mucinous material and acute inflammatory cells. Acute inflammatory cells, predominantly neutrophils with rare eosinophils are present within the bronchiole submucosa and extend into the alveolar septae. Alveolar spaces are expanded by combinations of acute inflammatory cells with foci of fibrin deposition, alveolar hemorrhage and fibrinoid material. There is diffuse congestion. Foci of bronchiole lumens and alveolar spaces demonstrate particles of foreign material consistent with plant based materials. No significant foreign body giant cells or granulomatous reaction is identified.
7. Kidneys: Histologic sections demonstrate features of autolysis, without evidence of increased sclerosis or active inflammation.  
Thymus: Histologic sections demonstrate Hassel's Corpuscles in a mixed inflammatory background appropriate for site.
8. Liver: Histologic section demonstrates normal lobular architecture with dilated sinusoids and central veins. No significant inflammation is seen.  
Pancreas: Histologic section demonstrates focal autolysis with overall preserved lobular architecture. No evidence of inflammation or fibrosis is seen.  
Spleen: Histologic section demonstrates preserved white and red pulp elements, without evidence of fibrosis.

**Slide key:**

1. Heart left and right ventricle; 2. Lung right upper lobe; 3. Lung right middle lobe; 4. Lung right lower lobe;  
5. Lung left upper lobe; 6. Lung left lower lobe; 7. Kidney right (square) and left (triangle), thymus; 8. Liver,  
pancreas, spleen

  
Julie Huss-Bawab, M.D.  
Deputy Medical Examiner

Date

7/18/2019

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TO REPORT A DEATH — PHONE (323) 343-0711 FAX (323) 222-7041  
COMPLETE ALL LINES, USE INK. IF UNKNOWN OR NOT APPLICABLE, SO STATE.

CC# 2019-04590

CHILDREN'S HOSPITAL LOS ANGELES  
NAME OF FACILITY

ADDRESS 5650 SUNSET BLVD HOSPITAL PHONE # 323-361-2584

NAME OF DECEDENT ROWIE FORDES

SOURCE OF IDENTIFICATION \_\_\_\_\_ DOB 12/04/2002 AGE 6yo SEX F RACE WHITE

DATE OF DEATH 06/29/2019 TIME 16:35

PRONOUNCED BY F. BELZANTO MEDICAL RECORD OR PATIENT FILE # 1940716

ALL ADMISSION BLOOD SAMPLES/SPECIMENS NEED TO BE HELD FOR  
THE CORONER OR ACCOMPANY DECEDENT/DO NOT DISCARD

DATE ENTERED HOSPITAL 6/28/2019 TIME 12:58

SELF  AMBULANCE (Name or R.A.#) \_\_\_\_\_  ER DEATH?  IN PATIENT DEATH?

FROM HUNTINGTON HOSPITAL  
(STATE WHETHER HOME, HOSPITAL OR OTHER) GIVE ADDRESS (IF HOSPITAL ATTACH THEIR HISTORY)

ADMITTED BY: F. BELZANTO M.D. PRIMARY ATTENDING PHYSICIAN F. BELZANTO M.D.

OFFICE PHONE # 323-361-2584 OFFICE PHONE # \_\_\_\_\_

INJURIES 6/28/2019 DATE TIME PLACE SWIMMING POOL CAUSE HEAD DROWNING.  
(TRAFFIC, FALL, ETC.)

DESCRIBE INJURIES:

CLINICAL HISTORY:

6yo FEMALE WITH HX OF SEVERE COGNITIVE IMPAIRMENT WHO WAS  
FOUND IN THE POOL FACING DOWN FOR UNKNOWN TIME. APYTOIC IN THE SCENE  
HAD ROSC AFTER 20 MIN. OF CPR. TRANSFERRED TO CHILD HOSP. SINCE ADMISSION  
TO CHILD ON HIGH VENTILATED SETTINGS AND INTUBATED. NEUROLOGICALLY DEGRADED

SURGICAL PROCEDURES: STATE TYPE, DATE, TIME AND RESULTS OF ANY OPERATION OR AMPUTATION PERFORMED  
FITALLY BECAME TO WITHDRAW SUPPORT.

WAS A BULLET OR OTHER FOREIGN OBJECTS RECOVERED? SPECIFY \_\_\_\_\_

LABORATORY: REPORT ON PATHOLOGY SPECIMENS TAKEN \_\_\_\_\_ DATE & TIME \_\_\_\_\_

LABORATORY PHONE NUMBER \_\_\_\_\_

MICROBIOLOGY CULTURE RESULTS:  NO  YES (ATTACH REPORT)

TOXICOLOGY SCREEN:  NO  YES (ATTACH RESULTS)

RADIOLOGICAL STUDIES:  NO  YES (ATTACH RESULTS)

REMARKS: ESPECIALLY SYMPTOMS PRECEDING AND DURING TERMINAL EPISODE

IN MY OPINION, THE CAUSE OF DEATH IS: HYPOVIC-ACHENETIC ENCEPHALOPATHY SECONDARY TO HEAD

BY F. BELZANTO M.D. OR- \_\_\_\_\_ NURSE/HOSPITAL ADMINISTRATOR

OFFICE PHONE # 323-361-2584

OFFICE PHONE # \_\_\_\_\_