

Visual Chronology for Case Development & Intelligence Analysis

Timelines are one of the most powerful tools in intelligence analysis. They reveal patterns, identify gaps, establish causality, and surface anomalies that are invisible in unstructured data. This tool provides templates for building and presenting timelines across different analytical contexts.

Part 1 — Timeline Details

Subject / Case: _____	Reference: _____
Period Covered: From: _____ To: _____	Classification: _____
Analyst: _____	Date Created: _____
Timeline Purpose: <input type="checkbox"/> Case chronology <input type="checkbox"/> Pattern analysis <input type="checkbox"/> Causal analysis <input type="checkbox"/> Briefing product <input type="checkbox"/> Other	

Part 2 — Event Log

Record all events in chronological order. Use the category codes to classify each event. Mark significance and note any temporal gaps that require further investigation.

C = Criminal Activity	M = Movement / Travel	F = Financial Transaction	A = Association / Meeting	I = Intelligence Collection	! = Critical Event
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#	Date	Time	Cat	Event Description	Persons Involved	Location	Source (Ref)	Verified ?	Sign
1								<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
2								<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
3								<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial	<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L

#	Date	Time	Cat	Event Description	Persons Involved	Location	Source (Ref)	Verified ?	Sign
4								<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Partial <input type="checkbox"/>	<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
5								<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Partial <input type="checkbox"/>	<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
6								<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Partial <input type="checkbox"/>	<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
7								<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Partial <input type="checkbox"/>	<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
8								<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Partial <input type="checkbox"/>	<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
9								<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Partial <input type="checkbox"/>	<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
10								<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Partial <input type="checkbox"/>	<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
11								<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Partial <input type="checkbox"/>	<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
12								<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Partial <input type="checkbox"/>	<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L

#	Date	Time	Cat	Event Description	Persons Involved	Location	Source (Ref)	Verified ?	Sign
13								<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Partial	<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
14								<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Partial	<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
15								<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Partial	<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
16								<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Partial	<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
17								<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Partial	<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
18								<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Partial	<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
19								<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Partial	<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L
20								<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No <input type="checkbox"/> <input type="checkbox"/> Partial	<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L

Part 3 — Visual Timeline Strip

Use this strip to plot events visually. Mark each event with its number from the Event Log. Use colour coding to distinguish event categories. Gaps between events should be noted.

Period 1: From _____ To _____									
Event #:	Event #:	Event #:	Event #:	Event #:	Event #:	Event #:	Event #:	Event #:	Event #:
Period 2: From _____ To _____									
Event #:	Event #:	Event #:	Event #:	Event #:	Event #:	Event #:	Event #:	Event #:	Event #:
Period 3: From _____ To _____									
Event #:	Event #:	Event #:	Event #:	Event #:	Event #:	Event #:	Event #:	Event #:	Event #:

Part 4 — Pattern Analysis

Pattern Type	Observed Pattern	Frequency	First Observed	Last Observed	Significance
Temporal (time-of-day)					<input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low
Cyclical (weekly/monthly)					<input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low
Geographic clustering					<input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low
Actor co-occurrence					<input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low
Escalation / de-escalation					<input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low
Anomaly / outlier					<input type="checkbox"/> High <input type="checkbox"/> Med <input type="checkbox"/> Low

Part 5 — Temporal Gaps & Analytical Notes

Gap Period	Duration	What Should Have Occurred?	Possible Explanations	Collection Required
___ to ___				<input type="checkbox"/> Yes <input type="checkbox"/> No

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___ to ___				<input type="checkbox"/> Yes <input type="checkbox"/> No
___ to ___				<input type="checkbox"/> Yes <input type="checkbox"/> No
___ to ___				<input type="checkbox"/> Yes <input type="checkbox"/> No
___ to ___				<input type="checkbox"/> Yes <input type="checkbox"/> No

Need Excel Version?

- An Excel version with automatic sorting, filtering, and visual timeline chart generation is available on request.
- Email: info@theintelanalystacademy.com.au — Subject: 'Timeline Tool — Format Request'